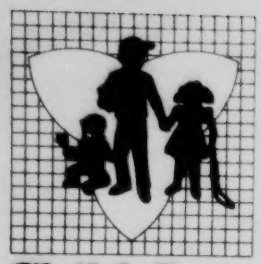

Child Care

Family Day Care Internationally: A Literature Review

Ontario
Ministry of
Community and
Social Services

John Sweeney
Minister

July 1988

FAMILY DAY CARE INTERNATIONALLY:

A LITERATURE REVIEW

Prepared

for

CHILD CARE BRANCH

by

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ACKNOWLEDGEMENTS

When describing services in other countries, there is always the risk of both subtle and blatant distortions due to linguistic differences as well as differences in the societal contexts of the services. My gratitude goes to the family day care providers and coordinators who were delegates at the International Family Child Care Conference in Wales, October, 1987 for their patient assistance in reading my drafts and helping me to "get it right" regarding family day care in their country. If the details and information are correct, the credit goes to these delegates; if they are wrong, I take full responsibility for both linguistic and conceptual misinterpretations. My special thanks goes to Sue Owen, of the National ChildMinding Association in the United Kingdom, and one of the steering committee of the International Family Child Care organization, for her information, assistance and support in connecting with delegates.

Lynn Wylie, of the Child Care Branch of the Ministry of Community and Social Services, has set a very high standard of Ministry collaboration with the consultant for the production of this report. She has taught me the value of creative dialogue in the process of writing and her intelligence, knowledge and excitement about the area of family day care has been an inspiration.

PREFACE

The Family Day Care Internationally: A Literature Review report provides current information on the status of family day care around the world. The Ministry of Community and Social Services (MCSS), Child Care Branch commissioned this report as part of a comprehensive review of the private-home day care (PHDC) program in Ontario.

The purpose of the comprehensive review is to identify the issues and/or concerns facing PHDC programs and to develop approaches and strategies to address these issues.

In addition to the literature review, the Child Care Branch will survey the existing PHDC programs. This survey will provide information regarding the nature and scope of the current PHDC services and the views of the agencies, providers, parents and Ministry staff regarding these services.

The literature review is intended to be used as a resource document for ongoing discussion. As such, the review details the literature about what is happening in family home day care in a number of countries, what information is available on the research activities regarding family home day care and lastly, what information is available regarding regulations and family home day care.

PART 1

BACKGROUND

CHAPTER 1

INTRODUCTION

In many countries of the world there is a growing recognition that women providing the shared or substitute care of young children in private homes are contributing an essential service. As governments look at their public responsibility for child day care, they are experiencing a growing pressure to articulate policy in relation to family day care which has traditionally been an informal, neighborhood or family phenomenon. The policy is needed to guide practice in the following three areas:

- the quality of care being provided for children in family day care homes
- the public responsibility for the quality of care
- the professional and employment status of providers of family day care.

A. Organization

Part 1 consists of three chapters which serve as introduction to the report. Chapter 1 includes an outline of the organization used, an explanation of the terminology and a description of the methodology. Chapter 2 presents the reader with a policy framework for viewing the practice of family day care in different countries. Chapter 3 gives a description of the International Family Child Care Conference in Wales, October, 1987.

Part 2 of this paper describes how family day care is operating in a number of countries in Europe, Asia, Australasia and North America. The information gathered is organized under the following headings:

- Status of Providers
  - employment status, regulatory status, provider associations, labour union involvement

- Government, Community and Parental Involvement in relation to
  - policy and decision making power
  - organizational structures
  - programs
- Funding
- Effectiveness of Service Model
  - evaluation within the country of its method of providing family day care.

Part 3 examines the research which has been carried out regarding the value of family day care. The discussion of the research is organized into the two following sections:

- research related to the effects on children's development in family day care, including reference to its value for infants and toddlers, and children with special needs
- research related to family day care as a service to parents, including reference to its potential flexibility, support to parents, and cultural sensitivity.

Lastly, the literature was reviewed regarding the purpose and effectiveness of regulation and various regulatory procedures in family day care. This discussion is included in Part 4.

B. Terminology

Family day care terminology has been chosen which tries to reflect general usage without losing the uniqueness of terms used in a specific country. The following terms are used throughout the report.

Family day care as used by the International Family Day Care Organization describes the paid provision of care in an adult's home (other than the parent) for more than occasional "babysitting" and less than foster care.

The person providing the care is referred to most commonly as a family day care provider or caregiver. The variations, such as guest-parent in the Netherlands, day mother in Switzerland and West Germany, childminder in the United Kingdom, and assistante maternelle in France, will be used within the description of the particular country.

The structures which provide organized family day care are most commonly called family day care agencies, schemes, sponsored schemes, systems, creche familiale or creche familiar.

The professionals who supervise family day care providers in organized family day care are referred to as coordinators, supervisors or home visitors.

C. Methodology

A review of the literature was undertaken which included the following databases: ERIC, Social SciSearch, Child Abuse and Neglect, Sociological Abstracts, Family Resources, and Third World Countries.

Countries were chosen from the literature which were found to provide legislation and/or programs for family day care.

The data which was gathered on each country was checked for current validity, where possible, with key persons in Canada and with participants at the International Family Child Care Conference in Cardiff, Wales, 1987.

Peter Moss, of the Thomas Coram Research Unit in London, England provided a draft of his report on child care services in Economic European Community countries which gave current data on those countries.

CHAPTER 2

POLICY FRAMEWORK

A country's practices in the provision of child day care, including family day care, are imbedded in its political beliefs regarding the relation between government and the individual, its economic beliefs regarding financing of services, and its social beliefs regarding individual, family and community values.

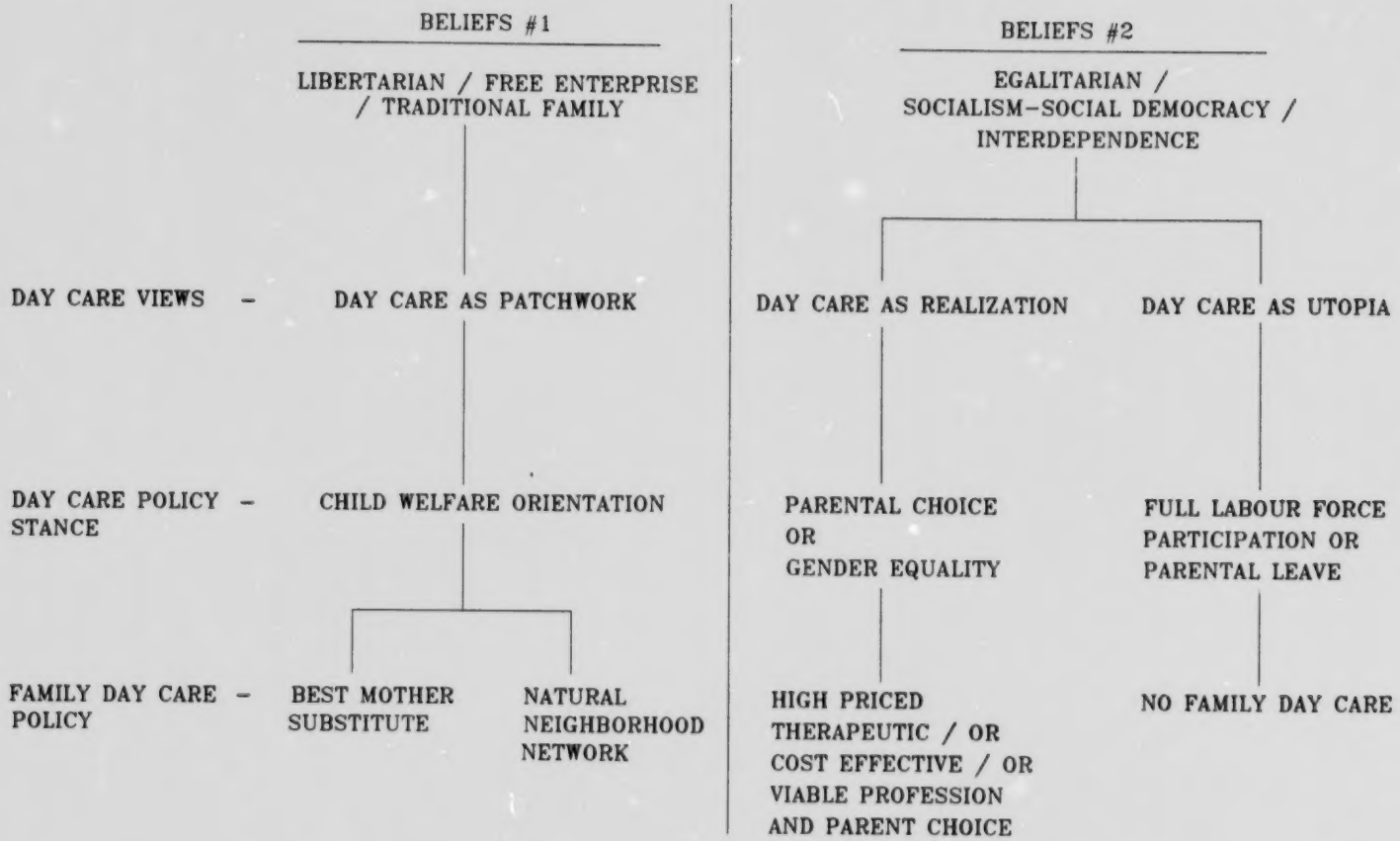
The literature provides us with several useful frameworks for organizing our thinking about these beliefs and the relationship between them and day care policies and practices. From these we have chosen a conceptual framework which appears to provide us with the most clarity for looking at family day care. The framework includes a description of two opposing sets of political, economic and social beliefs, leading to three different views on the purpose of day care. Within these views, five examples of day care policy positions will be examined. It will also be seen how the different perspectives on the purpose of day care lead to different policy positions on family day care. Figure #1 on the following page shows the relationship between the beliefs and the policy positions.

A. Political, Economic and Social Beliefs

The beliefs held by individuals and countries tend to cluster around two ends of a spectrum. At the one end is a set of beliefs which could be characterized as **libertarian/free enterprise/traditional family**. This set of beliefs places a positive value on the following positions:

- the self-determined and independent role of the individual
- the limited role and function of government
  - including a distrust of government (especially central government which is seen as removed from the control of the local people, particularly in matters related to children, education and the family)
- pluralism, the support of the development of services with a variety of public and private sponsors
- the free market place for goods and services

FIGURE 1.1: POLICY FRAMEWORK


BELIEFS #1
LIBERTARIAN / FREE ENTERPRISE / TRADITIONAL FAMILY
BELIEFS #2
EGALITARIAN / SOCIALISM–SOCIAL DEMOCRACY / INTERDEPENDENCE
DAY CARE VIEWS –
DAY CARE AS PATCHWORK
DAY CARE AS REALIZATION
DAY CARE AS UTOPIA
DAY CARE POLICY STANCE –
CHILD WELFARE ORIENTATION
PARENTAL CHOICE OR GENDER EQUALITY
FULL LABOUR FORCE PARTICIPATION OR PARENTAL LEAVE
FAMILY DAY CARE POLICY –
BEST MOTHER SUBSTITUTE
NATURAL NEIGHBORHOOD NETWORK
HIGH PRICED THERAPEUTIC / OR COST EFFECTIVE / OR VIABLE PROFESSION AND PARENT CHOICE
NO FAMILY DAY CARE

- costs of services to be borne by the individual and controlled by the individual
- the importance of the voluntary charity tradition for providing for those in need
- limited public intervention in day care services for families, on the premise that responsibility for looking after young children lies with their parents (CEC, 1985, p. 14-15; Robinson et al, 1979, p. 106).

At the other end of the spectrum is a set of beliefs which could be called **egalitarian/social democracy-socialism/interdependence**. This set of beliefs places a positive value on the following positions:

- a public role and responsibility in assisting families with the rearing of children
- the assignment of a predominant role to government in the direct provision of goods and services to families, rather than relying on individual and voluntary charitable activity to meet various social needs
- costs of services to be borne by all as directed by government spending policy in the apportionment of tax revenues and other sources of funding
- a major role of government in ensuring equal opportunities for all children and equal treatment of workers of both sexes with family responsibilities (CEC, 1985, p. 14-15; Robinson et al, 1979, p. 106).

B. Views and Policy Stances Regarding Child Day Care

The goals which a particular society chooses in its implementation of day care plans, tend to focus on gender roles at home and in the workplace (who works outside of the home and who cares for children), social equality (how to provide equal opportunities for all children), and the family and/or government's responsibility for these.

The **libertarian/free enterprise/traditional family** cluster of beliefs leads to a view of the purpose of day care which Steinfels (1977) refers to as day care as patchwork. This outlook views day care services essentially as repairing breakdowns in present social institutions. It supports traditional family values, and sees day care as a "kind of first aid for fatherless families, for children needing assistance, for mothers prevented from providing full-time care for their children by economic or emotional difficulties."

- The policy stance which follows this belief is described by Kamerman (1980) as a child welfare orientation. "It is seen as up to the individual to work out their own solutions and child care is seen in a social welfare context."

On the other hand, the **egalitarian/social democracy - socialism/interdependence** cluster leads to two different views of the purpose of day care.

The first view, which Steinfels (1977) terms day care as realization, supports goals of gender equality in the labour force and the home, and social equality for all children, but feels that these are not being realized in the present social and family structures. Day care is seen as a means of enabling women to enter the labour force on an equal basis and for enabling men to share in childrearing. It is also seen as providing children with the skills necessary for advancing in a rapidly changing society. "Women and children would be freed from the patriarchal nuclear household. Society would accept new responsibilities for the care and development of children" (Steinfels, 1977, p. 14).

Two policy stances described by Kamerman (1980) follow from this view:

- Parental Choice. "The government supports parental choice in deciding whether one or both parents work and the government supplies quality child care and sufficient income support to parents staying at home" (Kamerman, 1980).

- Gender Equality. "The government enables both parents to manage work and family life simultaneously in order to enhance equality of the sexes. A generous paid parental leave plus benefits plus extensive child care services are provided" (Kamerman, 1980).

The second view, which Steinfels terms day care as utopia views day care as a means of changing society in a way which is "radically discontinuous with the present. The possibility of changing society by inferring new values into the young has always been part of the utopian inheritance. So, too, has been the potential of women as a reforming force not yet fully integrated into a society largely formed by men. [Centre] Day care would, in some significant ways, attempt to block the present direction of society and start it off in a new one" (Steinfels, 1977, p. 14-15).

Two policy stances described by Kamerman (1980) follow from this view.

- Full Labour Force Participation. "There is a commitment on the part of the country to encourage participation of all adults in the labour force. Therefore the government subsidizes child care services so all children can be cared for at a reasonable cost to parents" (Kamerman, 1980).

- Parental Leave. "The government subsidizes parents to stay at home with their young children for as long as it is felt necessary for optimum child and family development" (Kamerman, 1980).

C. Policy Stances Related to Family Day Care

The same three day care views outlined above lead to differing policy positions on family day care.

1. Within the day care as patchwork framework, there are two positions.

   - Best Mother Substitute. Group care is seen as a damaging institutionalizing setting, especially for children under two (Kellmer-Pringle, 1980; Leach, 1979; Maynard, 1984; White, 1984). Mothers should stay at home to care for children, but if they cannot, the next best substitute is family day care, the closest approximation to the optimum care by mother at home.

   - Natural Neighborhood Networks. Family day care is seen as a reflection of traditional values of family, friendship and kinship, and the voluntary/charity tradition. It can effectively utilize the strengths of neighborhood networks, and government intervention would be detrimental to those values.

2. Within the day care as realization framework, there are three stances on family day care.

   - High Priced Therapeutic Service. Kamerman (1980) suggests that "while family day care dominates currently, especially given the unlicensed, unregulated provision, many experts now assume group care will ultimately predominate as more and more women are working and the potential labour force for family day care disappears and the costs increase (as standards are raised). If and when this occurs, family day care may be available, but is likely to be viewed as a high-priced therapeutic program intended for children with special needs." (Kamerman, 1980, p. 27). Added to this view is the position that family day care as it now functions in most countries is especially exploitative of women.

   - Cost-effective day care. In times of economic constraint, it is too expensive to provide group care for all children who need it. Since the research indicates very little difference in developmental effects between family day care and centre care, public funds should go into supporting and improving the less expensive family day care provision.

   - Viable Professional and Parental Choice. Family day care should be a viable choice for parents and a viable profession for caregivers, which is included in a publicly funded childcare system.

3. Within the day care as utopia framework, family day care is usually viewed as exploitative of women, and as maintaining the status quo of traditional family roles and values. Therefore it is seen as inappropriate to be included in a publicly funded child care system. Only centre-based care is viewed as providing the radical change in socialization necessary for societal change.

A conversation overheard between a Swedish provider and a mid-west American provider at the International Family Child Care Conference in Wales gives a lucid example of the relationship between these beliefs, views and policy stances and the issues facing individual providers.

> A Swedish provider was describing their union contract under which providers are employed. She described both the employee benefits and the responsibilities, e.g. the fact that they had to take the children who were assigned to them, and had to work the number of hours specified in the contract, etc.
>
> The mid-west provider responded, "Oh, providers in our state wouldn't put up with being told what to do by the government like that."
>
> The Swedish provider replied "Sometimes the individual provider has to give up some freedom in order that all parents have good day care."
>
> The midwest American provider shook her head, regarding the Swedish provider sympathetically and replied, "Oh, no, we would not give up our freedom like that."

The above beliefs and policy stances will provide a framework for the overview of family day care in the countries summarized in Part 2.

CHAPTER 3

DESCRIPTION OF THE INTERNATIONAL FAMILY CHILD CARE CONFERENCE IN WALES, OCTOBER, 1987

In September, 1986, 15 people representing six different countries, Netherlands, United States, United Kingdom, Sweden, Malaysia and New Zealand, met in London to discuss the possibilities of creating an international organization for family day care. On the sixth of September, 1986 the following resolution was passed:

> Whereas home-based child day care is the largest form of child care provision in the world and
>
> Whereas providers/childminders/guest parents need support, resources, training, research, encouragement and support for their profession and
>
> Whereas we are concerned to establish an international communication, information and support network
>
> We do this sixth day of September 1986 declare our commitment to the formation of the International Family Child Care Organization.

It was also decided at that time to hold a world conference on family day care. This conference was convened in Cardiff, Wales, October 15-19th, 1987, and the theme was Sharing the Caring in our World. There were delegates present from 13 countries - Australia, Belgium, Canada, Germany, Netherlands, India, Malaysia, New Zealand, Portugal, Sweden, Switzerland, United Kingdom and United States of America.

The conference began with a formal five-minute presentation by a representative from each country on family day care in their country. This created a basis for continued informal sharing among the delegates throughout the conference. Discussion groups facilitated by a leader focussed on the following key issues:

- licensing and the law
- training
- curriculum for children
- sharing the care with parents
- pay and conditions of work for providers
- the development of self-help groups for providers
- research.

In addition, two plenary sessions were held. Willem van der Eyken, from the Van Leer Foundation in the Hague, spoke on Research Issues in Family Child Care. Delegates from Britain and Sweden, Celia Smith and Malene Karlsson, discussed the contrasting models of family day care in their respective countries.

At the final session of the conference it was agreed to change the name of the organization to the International Family Day Care Organization and to hold the next conference in California in the spring of 1989.

The pervading sense of the conference was one of pride and professional consciousness. This was well expressed by the speaker who reminded us that "family day care had been around since Moses", when Miriam became a family day care provider, and another who suggested we imagine what would happen if for one day throughout the world, all family day care providers were to stop working.

PART 2

DESCRIPTION OF FAMILY DAY CARE INTERNATIONALLY

INTRODUCTION

Part 2 consists of 17 chapters which include an overview in Chapter 1 of all of the countries, organized in relation to political, social and economic beliefs. Chapters 2 to 16 describe in detail family day care in 15 countries. Finally, Chapter 17 briefly describes family day care in socialist countries, and Israel, Japan, Malaysia and India.

The discussion of each country and the overview use the same descriptive categories, which are as follows:

A. **Status of Providers**. There are differences between countries in the regulatory status of providers (regulated or unregulated, registered, licensed, approved, accredited), in their employee status (self-employed or employed by a community agency or a government organization) and in whether or not the providers operate independently or are organized in relation to an agency, scheme, or system. The term employee as used in the paper refers to legislated status under the country's labour laws.

B. **Government Involvement**. The countries studied vary in their government structure. Some have central governments with local authorities; others have a three-tiered government system with a federal structure, state/provincial/territorial government and local/municipal government. Each level of government varies in its relation to family day care, whether it is involved with policy, legislation, guidelines, regulations, standards, enforcement, service delivery, and/or funding.

C. **Community Involvement**. Countries also vary in the extent to which community and voluntary organizations are involved in service delivery, funding, accreditation, enforcement of regulations and self-support groups for family day care.

D. **Parent Involvement**. There are a number of different roles which parents might play in relation to family day care, such as:

- parents as members of the total community which is responsible for the care of children (the community, including parents, make decisions and communally pay for the costs)
- parents as decision-makers, e.g. on community boards, advisory councils, or in cooperatives
- parents as advocates for changing family day care policy

- parents as welfare recipients who because of economic or social needs require both financial and primary prevention supports

- parents as consumers of child care in a free market economy (parent preference studies and consumer education is needed to determine the needs of parents for care).

E. **Funding**. Funding for family day care comes from a variety of sources: parent fees, government allocations, subsidies or block grants, community or voluntary organization fundraising.

F. **Effectiveness of Service Model**. The effectiveness of family day care is seen in the context of the particular goals for family day care in each country.

There are variations in all of these countries in the age at which the school system begins to provide universal, free services to young children. They range from 2½ years in France to seven years in Finland. The effectiveness of a child care system must therefore be seen in relation to the extent to which a school system meets child care needs.

CHAPTER 1

OVERVIEW OF COUNTRIES

The countries reviewed will be discussed in five sections related to the social, political and economic beliefs outlined in Part 1.

Section 1 will discuss family day care in those countries which tend toward an egalitarian/social democracy/interdependence set of beliefs.

Section 2 will discuss those countries which have more of a libertarian/free enterprise/traditional family set of beliefs and have a central government structure.

In Section 3 the other countries with a libertarian/free enterprise/traditional family set of beliefs, but with a federal government structure will be discussed.

Section 4 briefly states the position on family day care of countries with egalitarian/socialism/interdependence beliefs.

Section 5 comments on family day care in developing countries.

Each of the sections will follow the outline of the chapters on individual countries, including discussion of the status of providers, government, voluntary/community and parent involvement, funding and the effectiveness of the service model.

1. Egalitarian/social democracy/interdependence

An **egalitarian/social democracy/interdependence** set of beliefs includes beliefs in a positive shared public responsibility for children, the predominant role of government in direct services to families, and a major role of government in ensuring equal opportunities for children and gender equality in family responsibilities and the labour force. The countries reviewed which generally share these beliefs are Sweden, Denmark, Finland, France and Belgium. In these countries, day care is seen within Steinfel's day care as realization position. This position supports goals of gender equality in the labour force and home, and social equality for all children. Some of the specific goals for day care stated in their literature are included in the following chart.

Figure 2.1 Policy for Day Care

Country	Policy of Day Care
Sweden	■ to give men and women equal opportunities to combine employment and family ■ to provide educational opportunities for children
Denmark	■ to support the government policy of social equality and equality of the sexes
Finland	■ to provide a service to the child, family and society ■ to provide all of society with economic, social and educational equality ■ to meet educational objectives for children
France and Belgium	■ to provide care and education for all children ■ to give parents the choice of the kind of care they need and prefer.

Family day care in these countries is viewed in a variety of ways. In Sweden, the government, having satisfied itself through research that family day care can provide as high quality care as centre-based care, sees family day care as a cost-effective method of expansion of spaces. Because of their commitment, by 1991, to meet the needs of all parents with children from 18 months onward who wish care, they are pressured to expand the provision rapidly. The providers in Sweden view family day care as a viable professional and parental choice.

In Denmark, there are guidelines regarding which children benefit from family day care and those which benefit from centre-based care. Family day care is seen as preferable for children who need a substitute for mother at home (e.g. infants and toddlers, children with special needs), while centre-based care is seen as preferable for those who need a supplement.

In Finland, France and Belgium family day care appears to be seen as a viable professional and parental choice.

A. Status of Providers

The status of providers varies in two dimensions: regulatory status and employee status. They may be part of an organization (either sponsored by a local authority or a private non-profit organization) which recruits, trains, supports, supervises and pays the providers. On the other hand, they may operate independently. The following chart shows the variations in status in each country.

Figure 2.2 Status of Providers

Country	Employee Status	Regulatory Status	Organized or Independent
Sweden	All municipal employees	All licensed	All organized
Finland	All organized providers are municipal employees	All licensed	Some organized Some independent
Denmark	All organized providers are either municipal or non-profit organization employees	All licensed	Some organized Some independent
France	All organized providers are either municipal or non-profit organization employees	All licensed	Some organized Some independent
Belgium	No employee status	All licensed	Some organized with day care centres or social agencies Some independent

In Sweden all licensed family day care providers are organized as employees of municipalities. Through a collective agreement between the Swedish Municipal Workers Union and the municipalities, they receive the same benefits as all other municipal employees in relation to salary grade, sickness benefits, insurance, holidays and employment security. They generally have the same status as second level teachers in day care centres and are interchangeable as employees.

In Finland the organized family day care providers are also municipal employees and have similar status to those in Sweden.

In Denmark and France the employers in the organized family day care may be either a municipal government or a private non-profit organization.

The organized family day care providers in Belgium have a different status than in the other countries; they are self-employed, have contracts with the organization, and receive a tax-free allowance. In France and Belgium some of the organizations are attached to day care centres, and some to social service agencies.

In all of these countries except Sweden, there are also licensed independent self-employed providers. There appears to be a general trend towards encouraging more of these independent providers to become part of the organized schemes, both in order to enhance their status as professionals and as a means of ensuring quality of care. In Belgium 60% of providers are independent as compared to 10% in Denmark.

It is acknowledged that there are illegal "black market" providers. The estimated numbers range from 50% of family day care in France to a smaller percentage in Sweden. However, the assumption in these countries is that illegal provision is an indication to the government of the need to increase publicly funded day care provision. The solution is not to spend time and energy monitoring and sanctioning "illegal" provision, but to increase the amount of publicly funded organized family day care so that parents will use that instead of "illegal" care, and to increase the incentives to providers to become part of the organized schemes.

The organizations of family day care providers are developed through unions in relation to employment conditions, and at local levels for training and support. In Sweden there is a national organization of family day care providers which is also committed to developing international connections.

B. Government Involvement

The government structure in these countries is a central government organization with local authorities, frequently referred to as municipalities. They all have central government legislation which regulates family day care.

In Sweden the Ministry of Health and Social Affairs under the Social Services Act passes laws and proposals, gives general supervision and sets objectives and directions. The municipalities are responsible for building, expanding, developing and running day care programs; meeting the needs of parents; hiring, supervising, coordinating and training family day care providers.

In Denmark, the central government has had central government legislation, but has recently decentralized its function in relation to day care and provides only guidelines to the municipalities. The municipal governments are responsible for providing adequate numbers of spaces, and for hiring, supervising and training family day care providers.

In Finland, under the Day Care Act, it is the duty of municipalities to meet day care needs and to provide educational goals. The Act brings all child care arrangements outside of the child's home under the control of municipal administration, so that the government can meet the needs of all families. The municipalities develop five-year plans for meeting the child care needs of their communities, and they are responsible for employment, supervising and training of providers.

France and Belgium have central government legislation which establishes standards for child/adult ratios, training of providers, employment status, parental responsibility for reporting non-compliance. The municipalities are responsible for administration of family day care under these regulations.

C. Community Organizations

There is an emphasis on the responsibility of government to meet the child care needs of the community. As a result, the majority of family day care providers are regulated, supervised, and given training and support by the municipal governments. Denmark, France and Belgium do have some non-profit organizations (numbers not reported in the literature) which provide organized family day care.

D. Parent Involvement

The major focus in these countries related to parents comes out of a sense of the government sharing responsibility with parents for childrearing by providing high quality care. The recent trend in the European countries towards more parental decision-making in the provision of day care services is reflected in the following ways:

- Finland's stress on the role of day care to support parental decision-making power

- the description in the Swedish literature of the importance of shared parent/state responsibility
- parent councils in Denmark
- parent advisory councils in France.

E. Funding

The cost of all day care is shared by the central government, the municipal government and parents. Table 2.1 on the next page shows the proportionate amounts shared by each sector for each country.

The parent fees in all these countries are the same for family day care and centre-based care, if they are publicly funded. If the providers are independent, the parents pay the full fee.

The relative cost of family day care and centre-based care, where it is reported, is as follows:

- In Sweden and Denmark the cost of family day care is half that of centre-based care.
- In France - family day care costs between 66.6% and 80% of centre-based care.

TABLE 2.1: COST SHARING

COUNTRY	CENTRAL GOVT.	MUNICIPAL GOVT.	PARENTS
SWEDEN	35 - 40%	40 - 50%	15% *
DENMARK	50% (BLOCK GRANTS)	30 - 50%	LESS THAN 20% (SLIDING SCALE)
FINLAND	20 - 40%	25 - 55%	REMAINDER
FRANCE **	40% (CAPITAL)	20% (CAPITAL) 50% (OPERATING)	REMAINDER
BELGIUM	60%	20%	20%

* MANY MUNICIPALITIES IN SWEDEN ARE MOVING TO A LOW STANDARD FEE FOR PARENTS.

** THE CAISSES D'ALLOCATIONS FAMILIALES, AN EMPLOYER CONTRIBUTION FUND WHICH OPERATES BOTH NATIONALLY AND REGIONALLY, PROVIDES 40% OF THE CAPITAL COSTS AND 20% OF THE OPERATING COSTS.

F. Effectiveness of Service Model

In Sweden, Denmark, Finland, France and Belgium the goal is to meet the child care needs of all parents. All of these countries have high maternal employment rates of over 60% for children under school age. They also have extensive parental leave benefits.

There are concerns expressed regarding both availability and quality of care provided. In relation to availability, there is concern in each country about the extent of the unmet need, as well as a view that family day care is a less expensive way of expanding day care spaces rapidly, without losing quality.

In Sweden, approximately half of the need is met by day care centres, another 25% in family day care, leaving approximately 25% of the need unmet. Denmark's family day care provision has increased by 56% in the last ten years. However, they still have concerns about the unmet need. For example, their waiting lists increased by 34% from 1985 to 1986. Finland estimates that approximately 50% of the need for day care is being met, with 77% of mothers of preschool children working. While France and Belgium provide school-based programs for children from age 2 1/2 onward, (which provides for close to 100% of children), they estimate that between 5 to 10% of children under three are in publicly funded day care provisions, approximately one-third in family day care in France, and slightly less than half in Belgium.

There are concerns about the quality of care with independent providers, and an effort is being made to bring these providers into organized family day care. There are also concerns about regional disparities in quantity and quality of care, especially affecting rural areas. The move to decentralization and block grants is seen by some advocates in these countries as potentially harmful to the quality of care in areas where day care is not seen as a high priority.

2. Libertarian/free enterprise/traditional family

A <u>libertarian/free enterprise/traditional family</u> set of beliefs includes beliefs in the independent role of the individual, limited role of government, pluralism of services, free marketplace, importance of the voluntary/charity tradition, and sole family responsibility for care of young children. The countries reviewed with a central government structure which generally share these beliefs in varying degrees are: Portugal, West Germany, Netherlands, Switzerland, United Kingdom, South Africa. The countries with a federal model of government - Australia, New Zealand, United States and Canada - will be dealt with separately from those with a central government model.

2.1 Countries with a Central Government

All of these countries (Portugal, West Germany, Netherlands, Switzerland, United Kingdom, South Africa) support Steinfels' day care as patchwork position. This position views day care as repairing breakdowns in the traditional family and as operating best within a welfare orientation. The following chart highlights policies related to day care in each country.

Figure 2.3 Policy for Day Care

Country	Day Care Policy
Portugal	■ privatization of services ■ decentralization ■ encouragement of informal, unregulated services
West Germany	■ importance of women staying at home to care for young children ■ family responsibility for day care ■ government involvement with funding and regulations only in case of welfare need ■ importance of charitable organizations (especially the church) to provide for welfare needs
Netherlands	■ no government involvement in child care other than funding in cases of "social backwardness, neglect and economic necessity" ■ "nuclear family is the cornerstone of society"
Switzerland	■ child care is private matter of families and is the duty of mothers
United Kingdom	■ government intervention in day care only for poor, disadvantaged and low-income families ■ encouragement of voluntary/charitable organizations.
*	*No clear policy statement on day care in South Africa was found in the literature.*

In West Germany and the United Kingdom, family day care is supported as a better substitute for mother care than centre-based care. Netherlands and Switzerland place more stress on family day care being a natural neighborhood network of mothers helping out other mothers caring for children in a process which does not involve government intervention. In all of these countries both of these positions are apparent, with the "best mother substitute" position being used more in relation to funded family day care in cases of welfare need, and the "natural neighborhood network" position being used in relation to unregulated care for middle class families who are coping economically.

A. Status of Providers

The status of providers in these countries vary in relation to regulatory status and whether they function independently or in an organized family day care scheme. There are no providers with employee status.

Figure 2.4 Status of Providers

Country	Status of Providers
Portugal	■ licensed family day care providers in schemes (social agencies and day care centres) ■ unregulated independent providers
West Germany	■ licensed family day care providers in projects ■ licensed independent providers ■ illegal independent providers (app. 2/3)
Netherlands	■ no licensed providers ■ family day care providers in Gastouderprojekts ■ independent unregulated
Switzerland	■ licensed family day care providers in Day Mother Organizations ■ unregulated family day care providers in Day Mother Organizations ■ licensed and unregulated independent providers
United Kingdom	■ licensed providers in sponsored schemes ■ licensed independent family day care providers ■ illegal independent providers (less than 1/2)

South Africa	■ no licensed providers ■ family day care providers in organized family day care schemes

In West Germany, Netherlands, Switzerland and United Kingdom, there are strong national organizations of family day care providers. The organizations provide advocacy, training, support services. They provide many of the services which are provided by government agencies in Sweden, Finland, Denmark, France and Belgium.

B. Government Involvement

These countries have a central government structure with regional, local authority or municipal governments at the local level. The following chart indicates the government involvement at each level related to family day care.

Figure 2.5 Government Involvement

Portugal	■ central government - legislation related to schemes - funding related to schemes and welfare orientation ■ local authority - 13 Regional Social Security Centres responsible for administration of centres and family day care schemes
West Germany	■ central government - regulations, welfare funding, experimental projects ■ state governments - responsible for carrying out regulations ■ municipal governments - operate some of the projects
Netherlands	■ central government - no regulations, no legal framework for municipal involvement - funding of experimental Gastouderprojekts (schemes) and for welfare subsidies

Switzerland	■ central government - no regulations, some funding of welfare subsidies ■ local authorities - some have regulations and supervise independent providers
United Kingdom	■ central government - regulations - funding in cases of need in response to requests from local authorities ■ local authorities - responsible for licensing, monitoring and supporting - some local authorities have organized sponsored schemes
South Africa	■ central government - no regulations or funding

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C. Community Involvement

All of these countries with a with a **libertariam/free enterprises/traditional** family set of beliefs have a strong commitment to voluntary/charity traditions and the strongest force for involvement in organized family day care comes from charitable organizations and self-support groups.

Figure 2.6 Community Involvement

Portugal	■ majority of schemes are operated by private non-profit organizations which do not have to comply with government regulations for government schemes
West Germany	■ some government experimental schemes, but majority are church-run
Netherlands	■ Gastouderprojekts - voluntary self-support groups of mothers giving care and mothers needing care
Switzerland	■ Day Mothers Organization - self-support groups providing schemes
United Kingdom	■ some schemes are run by non-profit organizations National Childminding Association provides advocacy, information and referral, training and support

South Africa ■ all schemes are operated by non-profit organizations

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D. Parental Involvement

In Portugal, and Germany, where charitable organizations are involved in providing care, parents using family day care are largely seen as needy welfare recipients.

In Netherlands and Switzerland, where parents are part of self-support groups, the emphasis is on women taking care of women.

In the United Kingdom both of these positions are apparent, depending upon whether or not the care is publicly funded.

E. Funding

Government funding for family day care is related to welfare need which is requested by the individual to the local authority, and by the local authority to the central government. Otherwise, parents are responsible for paying the total fees. The charitable organizations and self-support groups help parents by fund-raising from the community.

F. Effectiveness of Service Model

From the government's point of view, the goal of day care is to provide care for needy families. There is also an effort to encourage women to care for children at home. In fact, these countries report a lower labour force participation rate of mothers of young children in these countries.

Currently, however, there is an increase in the labour force participation rate of mothers with young children, and a lobby of day care advocates to move day care out of a welfare orientation and to address the unmet need for care. There is also concern that in times of economic constraint, there will be decreasing money available to meet the day care needs of parents who are eligible for welfare.

2.2 Federal Government Countries

Australia, New Zealand, Canada and the United States have federal governments which constitutionally grant significant powers in relation to social services to the state/provincial/territorial level of government. While they tend to take a

position on the libertarian/free enterprise/interdependence side, they do so in significantly different ways from the above countries. The major differences are due to the large size and diversity of these countries, as well as to the federal structure.

These countries are made up of people who have immigrated from countries with widely different political, social and economic beliefs. Discussion about day care policy within these countries looks like the United Nations coming to agreement about a common day care policy.

Regional differences are as great within these countries as are the differences between countries in Europe. It is interesting that when the European Economic Community countries were asked if they thought there should be day care standards established for all the European Economic Community countries, their responses were similar to those in countries with federal governments - a concern that regional differences in values and resources were too great to make standards feasible (CEC, 1983).

The role of the federal government in these countries tends to be viewed as firstly, to provide funds to regional governments to give to families who need child day care and cannot afford it, and secondly, to develop knowledge about day care and coordinate regional policies. In the states/provinces/territories there is considerable variation of policy positions. However, the state/provincial/territorial programs are contingent upon federal funding and the framework for that funding is a welfare (day care as patchwork) orientation. As Andrew Jones (1984) states in his comparison of Canadian and Australian child day care policy,

> In both countries, the central government does not have constitutional jurisdiction over social welfare provision, but for a combination of political and financial reasons has come to be deeply involved in the social welfare field....The states and provinces have become reliant on federal funds to discharge many of their social welfare responsibilities. The national governments in both countries thus have opportunities to influence social policies of the states/provinces through financial controls. However, a national government wishing to respond to a major social problem will, in both countries, be limited to actions that are compatible with the federal division of powers and the politics of federalism. In both Australia and Canada there have been strong demands that the federal government use its financial resources to subsidise the provision of day care, an issue (it is argued) that has national impact and requires a national response. The politics of day care and the politics of federalism are closely intertwined in both countries (Jones, 1984, p. 5).

Within the states/provinces/territories, there are policy positions which reflect both a day care as patchwork and a day care as realization position. There is a tendency in these countries to see family day care as a best mother substitute especially for infants and children with special needs when the day care is subsidized and as a natural neighborhood network in unregulated care. The majority of day care in these countries is provided in unregulated family day

care. However, there are also advocates for family day care as a viable profession for providers and choice for parents, as cost-effective day care, and as a high-priced therapeutic service.

A. Status of Providers

The majority of care (80 - 90%) is being provided by unregulated providers.

There are regulated independent providers in all of the countries except New Zealand. There are also providers in each country who are in organized agencies or schemes. A few of the providers in the schemes are classified as employees in the United States. Otherwise, they are self-employed with contracts with the agencies or schemes.

B. Government Involvement

In Australia, Canada and the United States, the role of the federal government in family day care is seen as funding day care as a welfare service. In each of these countries there has been pressure from advocacy groups for the federal government to be involved in the development of standards and/or guidelines and to provide funding beyond a welfare orientation. The response of the federal governments in each case has been to move further away from federal involvement in standards. Canada in its recent new strategy (December, 1987) clearly does not intend to provide standards, the United States in its Model Child Care Standards, and Australia, have resisted the pressure to develop standards and have reiterated the responsibility of the states/provinces/territories in this regard.

In New Zealand, the federal government has moved child care into the Ministry of Education, which reflects a different view of day care as an educational service, with the possibility of more federal government involvement in regulations and less welfare orientation.

In Canada, the provincial and territorial governments have the primary responsibility for legislation, policy and delivery of child day care services. All ten provinces and the two territories have legislation, licensing standards and enforcement systems. In all provinces and territories except two, the legislation includes regulations related to family day care. In order for federal/provincial shared subsidies to be used in family day care, the care usually has to be provided in a regulated setting. Three of the provinces license family day care agencies, the remainder license individual family day care homes. The municipal government is involved in shared funding and providing service in two of the provinces.

In the United States, the role of the federal government is seen as the protection of children and the development of new knowledge regarding children and day care in order to improve the quality of day care. The temper of the times seems to be anti-bureaucracy, anti-big-government and regulations. The states are responsible for licensing, staff development and leadership. Forty-four states have regulations for family day care homes, either by licensing or registration.

In Australia the federal government sees its role as primarily providing funding for child care as a welfare service. Priority is given to the children of single parents, aboriginal children, ethnic minorities, children at risk of emotional and physical abuse, disabled children, children with sick or incapacitated parents, children with both parents in the work place and isolated children. Some state governments have licensing regulations and others do not.

C. Community Organizations

In all of these countries a major source of funding and program development for family day care providers and schemes comes from voluntary organizations, charitable organizations, self-support groups, non-profit community organizations and, to a lesser degree, in Canada and the United States from private commercial organizations. These groups are involved in research, training, advocacy, support, service delivery.

D. Parent Involvement

In these countries, there are four ways that parents are viewed; as consumers and as welfare recipients, as well as advocates and decision-makers.

In Canada and the United States, the stress on unregulated care as a "cottage industry" gives a framework for seeing the parent as a consumer of that industry. As such, there is a movement for education of parents to be better consumers, in order to make sure they make a good choice, and on educating providers to be good business entrepreneurs, selling their quality service. This stress is reflected in the information and referral services and in the parent preference studies to discover the consumer's preferences.
In the agencies and schemes serving largely parents who receive subsidized care, the tendency is to see the parents as welfare recipients, or as requiring primary prevention.

There would appear to be a significant difference in "public will" between Canada

and the United States with regard to the wish for regulations in family day care, with parents in the United States not wanting regulations and those in Canada feeling more positively about them.

E. Funding

The funding for all unregulated care comes from parents, with some income tax rebates and deductions for care.

In Canada and the United States regulated family day care is largely subsidized, with cost-sharing between the federal government, state/province/territorial governments, municipal governments and community organizations. In the United States the cost-sharing for day care between federal government and state governments (and/or municipal, community organization) is 75/25, in Canada, it is 50/50. The move in both of these countries is to block grants where the state/provincial/territorial government can decide how they will use the funding.

In Australia and New Zealand, the federal government provides funds directly to the schemes, both as operating grants and child subsidies.

F. Effectiveness of Service Model

Concerns regarding family day care reflect the diversity of beliefs in these countries.

There are advocacy movements in all these countries for federal involvement in standards and a move away from a welfare orientation. This lobby expresses concern about both the quality of care in the unregulated sector and the lack of availability of care generally. The labour participation rate of mothers with young children is rapidly increasing.

There are also concerns expressed about the employment status, poor wages and working conditions of providers both in the regulated and unregulated sectors.

3. Egalitarian/socialism/interdependence

In Socialist countries, e.g. Cuba, Czechoslovakia, Hungary, U.S.S.R., and China, all child care is provided in centres and is free to parents. Family day care is seen as maintaining the traditional family structure and as exploitative of women.

The purpose of child care is to fill labour market needs, to provide equal participation in the labour force for women and men and to provide equal socialization opportunities for children.

4. Developing Countries

In Malaysia and India, there has been a recent acknowledgement of the need for formalized day care, as a result of urbanization and the breakdown of extended families to provide care. In both of these countries, family day care is being pursued as a solution to day care needs which can expand rapidly and can be in keeping with the family values of the country. Malaysia has developed regulated family day care as its total system of formal child care. An innovative program of training and the development of standards makes this an interesting model for other developing countries.

CHAPTER 2

SWEDEN

A. Status of Providers

In Sweden, family day care providers are regulated and have employee status.

Providers are employed by the municipalities under a collective agreement between the Swedish Municipal Workers' Union and the municipalities as employers. They have the same benefits as all local authority employees in relation to salary grade, sickness benefits, insurance, holidays (six weeks), and security of employment.

They receive two kinds of compensation, ordinary wages and compensation for costs. There is a set amount of tax-free compensation for costs, including food and household supplies. A provider's salary is calculated upon the actual hours each child spends with her, a piece-work system with a built-in guarantee, e.g. the children can be absent for a period and the salary is still given. The salary is based on that of an employee in a day care centre working 40 hours. There is an agreed upon provision that a provider should have three and a half full time children, i.e., three children for eight hours a day and one child for four hours. However, full time children tend to be placed in day care centres. Therefore many providers get half-time and part-time children and in order to achieve the guaranteed salary, a provider may have to look after seven, eight or nine children. In many areas there is a shortage of day care and a provider capable of handling and caring for more children can earn 50% over her monthly salary. If a provider has preschoolers of her own, they are included in her work schedule, but not in her salary, which means she can only earn 70% of the monthly salary. However, in one municipality, the provider pays the fee for her own children and gets paid for looking after them, including the tax-free allowance (Vanneman, 1987). The provider has to be prepared to work 55 hours a week, if full time, and can be asked to accept children whose parents do shift work at night, but this is unusual. The turnover rate of providers is very low.

There is a national Family Day Care Union which produces a commercial publication, called the Family Day Care Magazine. In the International Family Child Care Organization's first issue of their publication, Family Child Care News, Malene Karlsson writes about the celebration of Family Child Care's Day on September 4, 1987. She remarks that the 35,000 family day care providers "feel a strong urge to show their surroundings that they are active, self-conscious professionals and to march through all cities of Sweden together with their 165,000 children seems to be a good way of manifesting that." (Karlsson, 1987).

Vanneman (1987), a family day care provider, stated at the International Family Child Care Conference in Wales, that "as to the status of the providers in our country I can say that a great deal of our children are placed with us because their parents specifically asked for and believe in this sort of care. We are of course highly appreciated in these circles. In the eyes of society outside this group we have not climbed very high on the social ladder...yet."

There is some concern on the part of providers that they are seen as a poor alternative to centre care by the government, and that this is reflected in less money being given by central government for family day care than for centre care.

B. Government Involvement

Central Government. The Ministry of Health and Social Affairs is responsible for both education and care of young children, 0 to 6 years of age. Child care is regulated by the Social Services Act which includes standards regarding family day care for children aged birth to 10 years. It requires that municipalities take responsibility for meeting child care needs, and for employment and supervision of providers.

The legislation is based on two underlying commitments in the government policy. First is to provide men and women equal opportunities to combine employment and family responsibilities. Second is the commitment to educational opportunities for children in all child care services. As a result of the second commitment, there has been a preference for centre care (Robertson, 1984). However, as the research in Sweden (Cochran, 1977; Gunnarsson, 1978; Cochran & Gunnarsson, 1985) has indicated little differential effect on children's development of good quality centre and family day care, and as economic constraints have made it difficult for the government to meet the needs of all children who need care through the centre-based system, there has been a trend toward providing more family day care.

In spite of the high priority placed on the expansion of child care, the rapid increase in the number of women in the labour force has made it difficult for the government to meet its goals of public child care for all who need it. In 1985, a government bill was passed which stated that by 1991, all children over the age of one and a half years will be entitled to a place in a day care centre or in family day care if their parents work or study. (Parental leave benefits enable most children to be cared for by their parents up to at least one year of age.)

The Swedish Parliament legislates in matters concerning the goals, directions, expansion and financing of child care. The Ministry of Health and Social Affairs is responsible for the preparation of laws and proposals related to child care. The National Board of Health and Welfare (a central administrative board for matters concerning health care and social welfare services), supervises child care,

seeing to it that the laws and regulations are adhered to. The Board has the following functions:

- to provide information on child care
- to develop training materials and program plans
- to develop plans for expansion and the development of facilities.

Since 1982 there has been a move toward increasing responsibility of the municipalities for the organization and shaping of child care provisions. The role of the central government has increasingly become that of general supervision, objectives and directions.

Municipal Government. There are 282 municipalities in Sweden which are responsible under the Social Services Act for building, running and developing child care. Each year the municipal authorities draw up plans for expansion and develop guiding principles for child care programs.

The municipalities employ family day care providers to care for children in the provider's home, and by collective agreement with the Union of Municipal Employees, provide them with the same benefits as all local employees. They also employ supervisors to hire, supervise and coordinate providers. The municipalities require the providers to be organized into area groups of five to ten providers. These groups of providers and the children in their care meet weekly.

The purpose of these groups is:

- to enable the providers to fill in for each other in case of illness or other forms of absence. Each child has a replacement provider within each group
- to enable the children to play with one another for a social experience
- to enable the providers to get information from the supervisor, to discuss the children, organize trips, buy toys and supplies collectively.

There is no formal requirement for training, but municipalities encourage the providers to get the same education as the "lower staff" group in the day care centres. (Child care attendants are trained at the upper secondary school level, while preschool educators, the higher level, have a two year training course at a college of higher education.) There are also special courses given by the municipalities for family day care providers. Some municipalities make it possible for their employees to go to school one morning a week for a year and a half, and one evening a week at night school. Some require this training and are willing to pay more to those with training. In some municipalities they give a course for three days to two weeks to the newly employed.

C. Community Involvement

Since all regulated care is provided directly by the municipalities, there is no provision of care by private community organizations. It is seen that "care and welfare" are communal responsibilities and volunteerism has traditionally been viewed negatively in Sweden (Lagergren et al, 1984).

D. Parental Involvement

The role of parents in relation to child care is that of a recipient of care, and as a member of the whole community providing child care. According to the Fact Sheet (1987), "The preschool works for the whole family. Home and preschool should not become two separate worlds, but should cooperate to create a good environment for children. Parents should not only be informed about the activities of the preschool, but they should actively participate and influence it."

When a child is born the parent contacts the municipal government's social service department, to ask that the child's name be put on a queue for day care. When the parent is ready to return to work, usually when the child is between nine months and a year and a half, they contact the municipal government again and discuss with the coordinator what kind of care they wish. The queue to enter day care, which goes strictly on a first come first served basis, is the same for both forms of care. When the child reaches the top of the list, the parents can either take the place offered or stand aside waiting for the first vacancy of the desired form. As this queue is usually rather long, the parents often take what is offered first. If they decide on a family day care place, they are given the name of one in the area in which they live and they go to visit that provider. If that arrangement is suitable, they go ahead, if not, they return to the coordinator to get another name. The first adjustment period is seen as important and the parents are encouraged to spend two weeks gradually introducing the child to the provider. The coordinator will sometimes join the parent and the provider during that period to ensure that the child settles in comfortably. Parents also have the right to take off two days a year from work to stay with the child at a provider's home.

E. Funding

The central government funds preschool activities through three different types of subsidies:

- per child subsidy
- subsidies for personnel costs in centres and open pre-schools

- per child needing special support.

The percentage of the total cost of family day care which is paid by the central government is approximately 35 to 40%, with the municipalities paying approximately 40 to 50%. The parent fees vary slightly from one municipality to another based on the income of parents. On average they pay 15% of the total cost of care. A few municipalities charge a standard fee which is quite low and a transition to standard fees is being discussed in several municipalities (Fact Sheet on Sweden, 1987; Vanneman, 1987).

Parents pay the same fee for family day care as for centre care. However the cost to the central government of family day care is a little more than half the cost of centre care.

F. Effectiveness of Service Model

According to the Swedish Institute's enrollment and forecast figures published in 1984, the total need for child care in 1987 was expected to be 391,200. Of that number, 189,600 were expected to be in day nurseries, 102,300 in family day care and it was expected that 99,300 places would be lacking. In 1982, the total need for child care was 371,600, with 151,100 in day nurseries, 97,000 in family day care, and the places lacking were 123,500.

While there is some unlicensed, "black economy" care being used by those who cannot get spaces, it is difficult to determine the extent of it. Illegal family day care is seen as a necessity, not a parental preference. As Vanneman (1987) states, "as the subsidized place is more favorable financially both for the parents and the provider, the private provider tends to seek employment with the local municipality."
The twenty-one delegates at the International Family Child Care Conference in Wales were primarily providers whose municipalities had paid for their conference expenses. They were as a group, very proud of the service they provided and their professional status as providers. Their one concern about their program related to training; they felt that compared to some other countries, they had fallen behind in their training programs for providers and needed to rectify that.

CHAPTER 3

DENMARK

A. Status of Providers

There are two categories of providers in Denmark:

- organised family day care providers (formidlet dagplege) who are recruited, supervised, supported, paid and sometimes trained by a local authority or private organization

- individual licensed providers who provide day care in their own homes, meet specified standards in regard to competence, health and hygiene conditions, and are licensed by the appropriate local authority. Official approval is required only if they care for more than two children.

The organized family day care providers are paid a monthly salary by the local authority or private organization. Taxes are determined after one third of the wage is deducted, allowing for expenses incurred in the work. The providers can organize themselves in a trade union which has an agreement with the National Union of Local Authorities.

Organized family day care providers may be involved in a publicly funded program whereby three families arrange for a provider to provide care for their children in the home of one of the children.

B. Government Involvement

Central Government. Until 1976 all education and child care was under the supervision of the Department of Child and Youth Affairs, Ministry of Social Affairs. In 1964 legislation was passed which required providers to be licensed and supervised by local authority officials. The maximum group size for each home was set at seven children with no more than three children under three years of age. Seventy-five percent of the providers in each municipal operation had to be available to have three full time children, and were paid a set salary. The other twenty-five percent could have three, two or one children and were paid hourly rates (Robertson, 1984).

In 1976 a plan to decentralize child care and education was completed which phased out the existing child care laws and the national authority responsible for

child care. The policy returned the control of child care services to the local authorities, parents and other citizens.

There are, however, guidelines in use by the local authorities. These were developed by 50 family day care supervisors working together over a period of two years with the National Board of Social Welfare. They include concise specific directions for the following:

- the purpose of family day care
- the supervisor's qualifications and personality
- the supervisor's responsibilities and work load
- criteria for selecting day care providers
- responsibilities of day care providers
- what a family day care home offers
- special considerations
- administration
- payment to the day care providers
- charges to the parents
- parental involvement (Robertson, 1984).

The basic policy principles regarding child day care which underlie the practices of the Danish government at all levels are as follows:

- equality of the sexes
- social equality
- the importance of neutrality in relation to the family's right to choose their own lifestyles (Esbenson, 1983)
- the belief that the care of young children is not purely a private affair, but that there is a close relationship between family, society, work and culture (Cooke, 1986)
- that child care should be offered as a complement to family child rearing
- that both centre care and family day care should be available to families at the same cost and the same level of service.

It is thought that family day care is of greater value to the child who mostly needs a substitution for the mother or home, while the day care centre is preferable for the child who needs a supplement to his/her home. In general, day care homes are seen as better for brothers and sisters who want to be together, children needing evening or weekend care, single parents, hospitalizations of parents, infants, delicate children, children demanding special security and individual care, and children who easily get infections. Centre care is seen as preferable for sturdy children, children who demand special intellectual and motor stimulation, and older children. Children under three who are considered to be at high risk developmentally are referred to family rather than centre care.

Local Authority. Each municipality is responsible for providing adequate numbers of spaces, both in centres and in homes, as well as providing administrative and educational supervision of child care. In each municipality the local council sets up a Social Committee (five to seven members) responsible for the health and social welfare administration. It is up to this group to "control the conditions under which children live" (Robertson, 1984). Supervisors, who have a caseload of approximately 50 children, are hired by the municipality to:

- inspect and approve day care homes
- place children in family day care homes, and arrange substitutes in case of illness or holidays
- supervise each child in care
- guide, help and inspire providers
- supervise children at their medical checkups and vaccinations, prompt parents and arrange for medical help when necessary
- arrange training courses for providers
- arrange evening meetings for providers and parents
- arrange play activities and outings for providers and children (Bang, 1979).

The qualities which are looked for in hiring the family day care providers are:

- contentment with being at home
- physical and psychological fitness
- preferably having children of her own
- certificate of health, including TB
- police certificate

- suitable indoor and outdoor facilities
- suitable attitudes and personal habits (Bang, 1979).

If a provider is seen as suitable, a provisional contract is signed. She can be given one week notice within a thirteen week period of probation. At the end of 10 weeks, the supervisor asks the parents if they are satisfied. At the end of 13 weeks, a contract is signed. Four weeks are thereafter necessary for notice. The contract includes the following conditions:

- she is not allowed to leave the children, even in the care of minors
- there are specific regulations related to feeding
- if she hits a child she will be dismissed
- she must create a sound and stimulating atmosphere
- she is bound to confidentiality regarding the child and parents
- she works 43 1/2 hours a week, five days a week and may voluntarily take children on weekends or special occasions
- the number of children is fixed by the contract; at first one or two children, then if she is successful she can have more; the maximum number is five, no more than one infant; the average number of children per provider in 1986 was 3.65 (Moss, 1987)
- she is obliged to receive one or two children extra in case of another provider's illness or holidays
- if a child falls ill, another child can be assigned
- there is no loss of pay for absences, illness or holidays of children (Bang, 1979).

The following is a description of one municipality's system (Robertson, 1984). Mogenstrup, with a population of 7,000 had six kindergartens for three to six year old children, 125 family day care providers and 35 outside school care centres. When a family requested family day care, they visited the office and met the supervisor who would make a suitable match. The aim of the family day care supervisor was to cooperate with the parents and the family day care providers. She was required to have tertiary qualifications and most of them had kindergarten teaching qualifications. They visited each family day care provider on a fortnightly (every two weeks) basis in order to:

- consider the provider's attitudes and work experiences

- monitor children's development
- assist with problem solving and decision making.

Each family day care provider provided care for five children, including her own if they were under school age. The providers were divided into groups with elected leaders. Each group had six to ten day care providers and met once a fortnight in each other's homes with the children. Once a month they had evening meetings with the supervisor. Each group was given $1,500. per year from the municipality to spend on activities.

Introductory training courses were held twice a year. They lasted for two days, one spent in the family day care office, the other with an experienced family day care provider. After this, the local authority offered adult education courses in child care for providers.

B. Community Involvement

Although the majority of organized family day care is municipally operated, Moss (1987) suggests that there are some private, non-profit organizations which provide organized family day care similar to that of the municipalities. The number of these was not reported.

C. Parental Involvement

There is a strong commitment to involving parents in decision-making regarding the care of their children. All services run by municipalities have Parent Councils and other services are required to have parents on their management boards (Moss, 1987).

Parents apply for a child care place when a child is born, but generally do not get a place until a child is nine or ten months old. They tend to prefer family day care during the first year (three to one ratio), during the second year the ratio decreases and in the third year there are more children in centre care than in family day care (Esbenson, 1983).

D. Funding

The central government's funding pattern has changed as a result of the decentralizing plan in 1976. Before 1976, the government subsidized specific programs; since 1976 the government has given block grants to the municipalities, which reimburse 50% of all expenditures (within ceiling limits) to municipalities for social programs (Robinson, 1979; CEC, 1984). The

municipalities fund day care to the extent of the difference between the amount given by the central government and the contribution by parents. The central government attempts to assist municipalities with extra grants if their costs are too high. Parental contributions, in theory, are 35% of operating costs. In fact, most municipalities reduce this to less than 20%. The parents pay the same, whether they have centre or family day care, and the fee is on a sliding scale depending on the family's resources. The actual cost of family day care is approximately half the cost of centre care (CEC, 1984).

According to Moss (1987) a recent survey indicated that 39,000 children under the age of seven (10% of the total) were in family day care homes where the parents paid the total amount. In Copenhagen, the use of independent providers is usually temporary while parents wait for publicly funded places. The remainder of independent providers are in rural areas or provincial towns.

E. Effectiveness of Service Model

Denmark has one of the highest rates of child care provision for children under three years of age in the European Economic Community countries. They provide for 40% of all under-three's, and the numbers of spaces are equally divided between centre and family day care. Publicly funded child care for all ages has increased by 56% in the past 10 years. Nearly all the increase has been due to extra places in family day care, centre-based outside school hours care, and age-integrated institutions. There has been little change in day care centres or kindergartens, but there has been an increase in preprimary schooling (Moss, 1987).

Even with this high level of publicly funded child care, there has been an increase in the level of unmet need for children under three years of age. Waiting lists increased by 34% between 1985 and 1986, due to the recent increase in birth rates and a continuation of the rise in women's rate of employment. In Copenhagen, there are 1,210 children under three waiting for places, compared to 6,575 who have a place. There is concern about the insecurity and stress on families caused by the waiting period. There are also not enough places in outside school hours care and for care generally in rural areas to meet the need (Moss, 1987).

In addition, concerns have been expressed about the effects of decentralization on the quality and quantity of child care in specific municipalities. It is felt that block grants place child care in competition with other social services and that this will be to the detriment of child day care in those municipalities where child day care is not a priority (Moss, 1987).

However, the central government has been placing pressure on municipalities to reduce expenditures, to develop less costly and more flexible alternative types of provision, and to provide more choices for parents.

CHAPTER 4

FINLAND

A. Status of Providers

There are two categories of family day care providers in Finland:

- municipally employed family day care providers
- private self-employed family day care providers.

B. Government Involvement

Central Government. The basic principle behind all day care in Finland is that "it should efficiently serve the child, family and society leading to positive development of the society and guaranteeing all of its members economical, social and educational equality" (CUCW, 1986).

According to the Children's Day Care Act of 1973, children's day care refers to:

- care of children in a private home or under other family-type conditions
- guiding and supervising children's playing and similar activities indoors and outdoors at a place or in an area reserved for the purpose.

The Act states that it is the duty of the municipal authorities to ensure that municipal or municipally controlled day care is available to the extent and of a form as is required to meet the needs of the members of the community (Sauro, 1983). It also states that "an effort must be made to organize children's day care so that it increases the child's opportunities for development and learning and offers continuous care in those hours of the day as it is needed" (Sauro, 1983). In 1983 the Act was amended to put more emphasis on the educational goals and curriculum content of day care. The following principles were included in the amendment.

- one of the major tasks of day care is to support home education
- parents should know what kind of education their child receives in day care
- day care should support the child's development

- the decision makers should know for what kinds of activities mutual funds are used
- goals enable better planning (Sauro, 1983).

The Act brings all child care arrangements outside of the child's home under the control of the municipal administrators, so that even strictly private arrangements are subject to inspection for standards. The purpose of this policy is to make it possible to know the numbers of children in care and therefore to plan to meet the need (Robinson, 1979).

Municipal Government. The municipalities are required to do a five year plan to meet the child care needs. They send the plan to the regional administration and from there to the Ministry of Health and Social Welfare. The National Board of Social Welfare draws up a national plan. The Ministry adjusts local plans to national limits and works out the role of state aid over the five year period. The biggest influence of the Act was to make municipalities committed to planning for and carrying out the plans (Robinson, 1979).

The municipalities, through Social Welfare Boards, employ family day care supervisors who are responsible for overseeing both municipal and private family day care providers. The municipal providers are employed by the municipalities. Supervisors are responsible for at most 45 municipal or 70 private providers. The total number of children with a provider must not exceed four children (Central Union for Child Welfare in Finland, 1986; Council of Europe, 1979).

Each municipality is obliged to arrange training for providers. In many municipalities family day care supervisors provide courses for providers which last 150 hours and use an official national curriculum. Supervisors are required to have either preschool teacher training or social work training, to have extensive practical experience in the field and an academic degree. Legislation in 1984 required that municipalities arrange supplementary education for staff working in the field of social services after every five years. The supplementary courses for providers last 120 hours and those for family day care supervisors last 160 hours (Sydannaanlakka, 1986).

The municipality also provides "open day homes", similar to the open kindergartens in Sweden and France and to drop-ins in Canada. These are open to parents and all providers, both private and municipal (C.U.C.W., 1986).

C. Parental Involvement

There seems to be a great deal of emphasis on the primary decision making power of the parents, and the role of child day care to support that power, especially in relation to educational goals.

D. Funding

For care with municipally employed providers, the central government pays approximately 20 to 40% , the municipality pays 25 to 55% and the parents' fees are graded according to the parent's ability to pay. Private providers are paid totally by parents.

E. Effectiveness of Service Model

In 1981 over 77% of mothers with children under seven were working. As of February, 1985, the government has developed very extensive parental leave benefits. The hope is that by 1990 parents will have the choice of either municipal day care (either centre or home) or home care support (parents would be paid to stay at home with children under three and be guaranteed re-instatement in their former job, C.U.C.W., 1986). However, in spite of the rapid growth of day care places during the 70's, there is still a great lack of places in some geographic areas, especially in the Helsinki area. Only about 25% of children under seven years of age are in municipal day care. Estimates of the need for municipal day care are 50% of children under seven (Sydannaanlakka, 1986).

CHAPTER 5

FRANCE

A. Status of Providers

There are two categories of licensed family day care providers (assistantes maternelles) in France:

- independently operating providers
- providers employed by a creche familiale, a network of providers employed and supervised by a municipality or a private non-profit organization.

In the creche familiales the providers are paid a daily rate per child plus a daily rate for food. After working one year, they are given guaranteed monthly incomes. They also receive tax breaks and five weeks paid vacation each year. There was no indication in the literature of a provider association or of union involvement with the providers. There was some indication of differential status given to the independent providers and those in the creches familiales, with higher status accorded to the latter (Evans & Evans, 1985).

Since 1977 all family day care providers have been required by law to be registered by the Department of Health and Welfare. The law includes the following requirements:

- training requirements for providers
- providers must pay social security contributions and income tax
- providers are entitled to pensions, a rate of pay not less than minimum wage, holidays with pay and unemployment benefits
- parents are required to report immediately the placement of their children with a family day care provider
- a provider may care for up to three children, not including her own, and the upper age limit for publicly funded family day care is three years of age (CEC, 1984; Moss, 1987).

B. Government Involvement

The child day care policy of the French government includes:

- a priority given to provide child care for all who need it
- the choice for families of the kind of care they prefer in relation to their needs
- a comprehensive, coordinated nation-wide system of child day care
- a policy focus on the needs of children for care and education, and an expectation that the government should play a significant role in providing that, whether parents are working or not.

The choices which it is believed families should have include:

- creches collectives (day care centres)
- creches familiales (family day care systems)
- ecole maternelles (nursery schools)
- prescolaires (preprimary schooling beginning at age two)
- haltes garderies (drop-in centres which provide respite care on a part time or an irregular care basis).

A major function of the central government, besides funding and legislation, is the development of policy guidelines. The Secretary of State of the Family recently requested a working party to develop a proposal for a policy for early childhood which would deal with the problem of how to increase parental choice. It was also requested to look at the problem of lack of sufficient education and financing on a national level for family day care. The report of the working party is summarized by Evans and Evans (1985) and is further discussed later in this chapter.

Local Authority. Municipalities operate the majority of creches familiales (organized family day care), through the local departments of social services. Family day care providers are employed by the department and on the average they care for one and a half children per provider. The providers do not need diplomas, but are screened carefully by a team that may include a doctor, a psychologist, a social welfare worker and/or a director of a local day care centre (Fruman, 1987). The department also employs childcare workers or social workers to supervise the providers, in a ratio of not more than 40 providers to one supervisor (Council of Europe, 1979). For the independent providers there is no training or support by social workers and no connections with day care centres.

Many of the creches familiales are connected to a day care centre. One, which Peter Moss reports having visited in a Paris suburb (1987) had its own small day care centre which providers could use once a week, enabling them to have a regular three hour break from childcare.

Several times a month, the providers in the creches familiales take their children to the local open kindergartens which operate like a drop-in. This provides an opportunity for social interaction for the children and providers. Many of the local authorities also provide "S.O.S. mamans", who provide an emergency day care service if a provider is ill. Some local authorities are also experimenting with Centres de la Petite Enfance, multi-service centres which have several educational, health, social and child day care services.

C. Community Involvement

While the majority of creche familiales are operated by municipalities, there are a few provided by private non-profit organizations. For example, in Paris, Peter Moss (1987) reports that of 10,800 publicly funded spaces in creches collectives and creches familiales, 1,550 are in non-profit organizations.

D. Parental Involvement

While there are several parent-operated creches collectives, there is little indication of direct involvement of parents in decision-making in the creches familiales. However, there was some discussion in the literature regarding the desirability of parents being involved on advisory and administrative boards.

Surveys in 1973 and 1976 (Commission of European Communities, 1984) indicated a preference for home care for children under the age of two and for centre care from two years old on. The preference was definitely for regulated care, and for care by the creches familiales, rather than the independent providers.

E. Funding

Funding for child care services is provided by a combination of central government, local authorities, private non-profit organizations, parent fees and the Caisses d'Allocations familiales. The Caisses d'Allocations (CAF's) in France are organized regionally, financed by employer contributions, and pay a variety of financial benefits to families with children. Since the late 1960's they have been increasingly involved in funding childcare services, reducing substantially

the proportion of costs borne by local authorities. As well as contributing to capital costs, they also assist in operating costs through the mechanism of the "contrats-creches", a contract between the regional CAF and a local authority. The contracts follow a standard format drawn up by the Caisse Nationale d'Allocations Famililaes (CNAF).

The central government pays 40% of capital expenses, 40% comes from the CAF, the additional 20% from the local authority or private organization. In 1983, 18.8% of the total operating costs in the country for child care came from the CAF, 51.4% from the local authorities, and the remainder from parents. The central government has also recently introduced block grants to local authorities, as a method of encouraging local authorities to rectify regional inequalities by alleviating their costs (CEC, 1979; Evans & Evans, 1985; Cooke, 1986; Moss, 1987).

Parents pay the same fee for creches collectives and creches familiales. However, the actual costs of organized family day care is on average two-thirds of the cost of centre care. In some areas where the pay and support of the providers is greatest, family day care costs are approximately 80% of centre care costs.

For independent family day care providers, parents pay the entire cost, which is determined by the legal minimum wage. According to Evans and Evans (1985), the cost of care for parents in either a creche collectif or a creche familiale is 15 fr. to 85 fr. a day, depending on the family's resources. For a private licensed provider, the cost is on average 55 fr. a day. Thus the care in the home of a private registered provider is by far the most expensive for average to low income families, because it is not based on a sliding scale. Day care expenses are a deductible expense for income tax.

F. Effectiveness of Service Model

Publicly funded child day care provides care for between five and ten percent of all children in France under three years of age in creches collectives and creches familiales. Family day care provides slightly less than half of the total provision of care. There is also a substantial number of two year olds in preprimary schooling which is free to parents. Virtually all children from three upwards attend preprimary schooling. Government supported school age day care in schools is also widely available for children of all ages.

Evans and Evans (1985) stated that there were 600,000 children under three in establishments run by the local authority, while there were approximately one million parents who work full time with two to three million children under the age of three. There were at the same time only 105,000 creche places (70,000 creche collective, and 35,000 creche familiale). This means that there is one place in a creche familiale for 104 children, and one place in a creche collective for every 33 children. There are 152,000 registered independent providers.

There are approximately 25,000 children under two in preprimary schooling. Moss (1987) estimates that approximately half of all family day care providers are not licensed.

The major problems as seen by the Ministry working group (Evans & Evans, 1985) are:

- the quantity of public day care is not sufficient to meet the need
- there is a great deal of variability in amount and quality of care in different locations in the country, with less care available in underprivileged and deprived areas and in rural areas
- the quality is especially variable in care by family day care providers. The independent providers are neither trained nor supported by social workers and carry out their activities in isolation. It was felt that the lack of liaison between providers and day care centres undermines quality.

The recommendations that were made to overcome these problems include the following:

1. Increase the capacity of the provision on the basis of a comprehensive strategy which integrates all the types of care by:
   - a substantial increase in the number of creche places
   - re-evaluation of the status of independent providers and eradication of the illegal status of a great number of providers by making involvement in a creche familiale more attractive
   - gathering of more precise statistical knowledge of care facilities and need annually
   - lessening of the burden of care for local authorities
   - positive action in disadvantaged areas and rural areas by:
     - public campaigns to increase awareness of responsibilities
     - increased flexibility of regulations related to rural needs
     - innovative programs to be financially supported by the government, to promote, support, and coordinate action in Educational Priority Areas.

2. Improve and extend family day care by:
   - raising quality

- improving relationships between centre-based and home-based care

- bringing the greatest number of providers under conditions approved by the local authorities, by making the conditions attractive, e.g. improving contracts of employment, ensuring improvement in financial security, improving social conditions, extending access to providers and providing a career structure by providing opportunities for providers to enter other areas of work in the field of early childhood (e.g. pediatric nursing auxiliaries)

- improving educational qualifications of providers by:

  - a national plan by relevant Ministries (family, health, state education and professional training) for both pre- and in-service continuing education and for practica in a day care centre

  - group participation by providers (both individual and those in creche familiale) in day care centres.

3. Give the arrangements of care the means to deal comprehensively with the need by:

   - providing flexibility at the local level for a wide variety of needs (e.g. a provider should be able to go to the home of a sick child to care for them there; full time care should be available in crisis situations by a child's provider so that the child doesn't have to adjust to a new caregiver; some providers could specialize in emergency care).

CHAPTER 6

BELGIUM

A. Status of Providers

There are three categories of licensed family day care providers in Belgium:

- independent private providers (gardiennes independantes-Wallonia; zeifstanding opvanggesinen-Flanders)
- group providers (organized family day care providers) who have a contract with day care centres
- providers attached to a social service or a family day care centre (agency).

The latter two are referred to as "gardiennes encedree" in Wallonia and "opvanggesinen hangescoten bis ein dienst" in Flanders.

Private independent providers are self-employed. They are registered and monitored by two government health and welfare organizations - Office de la Naissance et de l'Enfant in Wallonia and the Kind en Gezin in Flanders. They are required to pay sickness and invalidity benefits, insurance contributions and to declare their earnings on their income tax returns.

Group providers are engaged in contracts with day care centres. They are not regarded as gainfully employed but are seen as receiving an "allowance". They are not liable for income tax, and do not have to pay social security contributions. The providers attached to the social services or family day care centres have the same status as group providers but are required to undergo training and are limited to a maximum of three children.

B. Government Involvement

The central government has a Ministry of Public Health and Family Affairs which is responsible for the establishment of day care programs for children from birth to three years of age. The Office de la Naissance et del'Enfant in Wallonia and the Kind en Gezin in Flanders finance and supervise the administration of child day care, and are responsible for the private providers who care for children from birth to six years of age. The Ministry of National Education and Culture is responsible for the care of children aged two and a half to six (Ministry of National Education, 1984).

Since 1919, there has been a law which requires the registration of all family day care providers. The maximum number an independent provider can take is five children; group providers can take a maximum of three full-time children, including the provider's own. A group provider can have, for example, one full time and four part time children, though she may never have more than five at any one time. In Wallonia, the upper age limit for family day care is three years of age, but in the Flemish area, family day care is used for outside school hours care for children up to six years of age. Each older child is counted as one third of a full time place. On average, there are 2.5 children per provider.

In organized family day care (the second two categories), there is one supervisor for every twenty providers. The supervisor is responsible for recruiting, supervising and training providers. In 1985, in the Flemish area, a training centre for providers and supervisors was established. Currently, all of the supervisors are receiving courses from the centre (Peters, 1987). It also publishes a magazine and has training materials available for supervisors and providers. In the Flemish community there are 90 schemes with approximately 4000 providers. There are also approximately 6000 independent providers (Peters, 1987).

C. Community Involvement

Both local authorities and private non-profit organizations are involved in providing organized family day care schemes.

D. Parental Involvement

There is little indication in the literature of parental involvement in decision-making in the organized family day care schemes.

E. Funding

Three forms of subsidy are available for family day care:

- a subsidy calculated per child per day, towards overhead costs of approved services
- a subsidy towards the cost of social worker's remuneration, calculated according to a fixed scale pro rated to the number of registered providers and the number of children in their care

- a fixed subsidy per child per day. The central government, via the ONE or the KEG pays 60% of the funding, local authorities pay 20% and parents pay 20%. The parents pay the same fee, whether the care is in the home of a provider or in a day care centre (Commission of European Communities, 1984).

Parents pay the full cost of care by independent providers.

F. Effectiveness of Service Model

There has been a rapid growth in publicly funded childcare for children under the age of three years, both in centres and in organized family day care, which hardly existed ten years ago. In 1976 there were four organized family day care schemes in Flanders; in 1987 there were 90. Family day care accounts for slightly less than half of the total child care services for children under three, but is a substantial and growing proportion. Five to ten percent of all under threes are in either day care centres or family day care schemes. Many children are in preprimary schooling at two and a half years of age, and virtually all children attend preprimary schools from three years of age and up. There is also widely available school based outside school hours care (Moss, 1987).

However, since 1986, there has been a freeze on expenditures on day care centres and family day care schemes, ending any further expansion of these services. Cuts have forced local authorities to dismiss some workers and reduce the salaries of others.

CHAPTER 7

PORTUGAL

A. Status of Providers

In Portugal, there are a number of organized family day care schemes, which are attached either to social agencies or day care centres. The providers, called Amas, are under contract to the schemes, receive minimum wages, but are classed as independently employed. The schemes are referred to as creches familiars.

B. Government Involvement

Since 1982 there has been legislation which relates to the family day care schemes. Licensing is not required for family day care providers who are not part of the schemes. The upper age level for publicly funded family day care is three years of age, and the maximum number of children a provider can have is four.

There has generally been a process of decentralizing child care services in Portugal, and there are now thirteen Regional Social Security Centres which are responsible for the administration of day care centres and family day care schemes. Some of the family day care schemes are operated directly by the Regional Social Security Centres. One example of these is described by Peter Moss (1987). A CRSS (Regional Social Security Centre) day care centre had plans to start a creche familiar which would start with five and build up to ten. The providers were being recruited by the staff at the day care centre, who would also arrange a three-week training course based at the centre. The providers would visit the day care centre regularly and be visited regularly by day care centre staff. The day care centre would also supply equipment and an allowance for food to the providers (Moss, 1987).

There has also been a general trend toward privatization. Many childcare services have been handed over to private organizations. Since 1983, these organizations are not required to follow the regulations on child care services which apply to the government services.

C. Community Involvement

The majority of the family day care schemes are operated by private non-profit organizations. One of the most involved organizations is the I.P.P.S. Moss (1987) describes an I.P.P.S. scheme in an industrial town of Alverca, close to Lisbon, which provides a range of services for over 1,000 children in the town, including a day care centre, a creche familiar, kindergartens and centre-based outside school care.

In some rural areas where the mother's employment is not permanent, there are seasonal family day care providers who care for the children only when the work of the mother justifies it.

D. Parental Involvement

There is a general trend toward Parent Consultative Councils, including parent representatives in kindergartens and preprimary schooling. These did not seem to be as prevalent in family day care schemes or day care centres.

E. Funding

Public funding is administered through the Regional Social Security Centres, and is based on family need. The cost per child in organized family day care schemes is approximately the same as the cost in group care when food is included.

F. Effectiveness of Service Model

Since 1974 there has been a rapid increase in all child care services. The number of day care centres and kindergartens have increased nearly fourfold and outside school hours care has grown from nothing to 25,000 places. There has also been an increase in pre-primary schooling. Between five and ten percent of all children under three years of age are in either day care centres or family day care schemes. Organized family day care is less significant than centre care, but is on the increase.

Financial considerations have led to decentralization, privatization and the encouragement of more informal services involving decreased costs, especially in salaries, - family day care, leisure time activity centres, and playgroups (Moss, 1987).

There are concerns about the quality of care decreasing as a result of these processes.

CHAPTER 8

FEDERAL REPUBLIC OF GERMANY (WEST GERMANY)

A. Status of Providers

There are two groups of licensed family day care providers (Tagesmutter; literal translation day mother) in Germany:

- licensed independent family day care providers, some of whom care for children who are subsidized through the municipal governments
- licensed family day care providers who are employed in family day care projects operated either by municipal authorities or private non-profit organizations.

According to Moss (1987) in his draft report on child care in the European Economic Community, approximately two-thirds of family day care providers are unlicensed, although licensing is required by law.

There is a national organization of family day care providers, called the Arbeitsgemeinschaft. In 1980 Kischke (1980) reported that their main objective was to win the support of more municipal governments and private non-profit organizations to develop new models of family day care projects in local areas.

B. Government Involvement

Central Government. The Ministry of Youth, Families and Health has legal responsibility for day care and kindergartens. The Youth Service Bill of 1978 made provision for the licensing and supervision of family day care providers (Tagesmutter). This legislation was the result of a Ministry initiative to establish a pilot project for family day care in 1974. The initiative was prompted by the example of Sweden's family day care program.
The State Youth Office has the authority to regulate child care through state laws, administrative regulations and agreements (Moskall, 1983). The local authorities administer some of the family day projects and are responsible for the licensing.

The principles underlying the child care policy are as follows:

- women with young children should stay at home to care for them

- if women with young children are working, it is up to the parents to make arrangements for the combining of work and family

- public child care should only be provided for "socially weak families" - low income, deprived, foreign, and single-parent

- that restrictive regulation regarding supervision should only be made if the welfare of children would otherwise be endangered (Moskal, 1983)

- that a major role of the central government is to provide leadership through demonstration or experimental projects related to social need. "The Federal Republic of Germany gives a prominence to its experimental schemes for care of social need - poor, disadvantaged children, immigrant children, but the very fact that these schemes are experimental and cater for 'atypical' sections of the population serves to emphasize that they are departures from the norm, which is still for a young child to be looked after within the family" (Commission of European Communities, 1984)

- that family day care is usually preferable to centre care for young children.

The original pilot project took place in 11 local authorities in five states and involved 200 children. In each local authority two counsellors were appointed to offer advice on child care and encourage cooperation between parents and family day care providers. A training program was also included. For family day care providers to participate in the original project they had to meet the following requirements:

- have married status, have children of their own, be of German nationality and be willing to care for children in the provider's home

- agree to cooperate with parents, take part in training courses, cooperate with advisory staff, and lend active support to concomitant scientific observations" (Kischke, 1980).

C. Community Organizations

For child care and kindergartens generally, the churches, welfare and voluntary organizations are very involved both in providing services and funding. Approximately 90% of these private organizations are church-sponsored (Moss, 1987).

D. Parental Involvement

Parents are primarily seen as welfare recipients in licensed family day care and have little decision-making power in the care provided. There is a movement toward having more parent participation on advisory boards in day care centres and kindergartens.

E. Funding

The municipalities apply to the central government for child care costs. Approximately one-third of the costs of care of subsidized children in family day care is provided by the central government through social welfare subsidies. Parent fees for these children vary considerably from municipality to municipality, depending on the priority the government gives to day care. The range is from five to 30% (Moss, 1987). The municipalities and/or community organizations pay the remainder. The parents pay the total cost in all family day care where they are not eligible for subsidy.

F. Effectiveness of Service Model

The low labour force participation of mothers of young children (32% of 0-3 year olds, 34% of mothers of 3-6 year olds and 41% of mothers of school age children, Kammerman, 1980) and the extensive maternity leave benefits, support the major policy of the government to enable mothers to stay at home with young children. However Moss (1987) reports a large and growing amount of unmet need for day care. Publicly funded services generally have waiting lists. Supply falls behind the need for full-time kindergartens; there is a major shortage of outside school hours care. A particularly urgent need is for the 30% of children under three with working mothers who, surveys show, are often left alone or with siblings.

There is considerable variation geographically in the provision of care, with rural areas having less care available than large urban centres.

The majority of children in publicly funded care are from low-income families, single parents and ethnic minority groups.

Since the 1970's there have been funding cutbacks in day care provision. Van der Eyken (1987) at the International Family Child Care Conference in Wales (1987) suggested that there had been a serious reduction in the number of Tagesmutter projects which were continuing to be funded.

The number of illegal family day care providers (approximately 2/3 of all providers) does not seem to be a matter of concern. Moss (1987) reports that "local newspapers are full of advertisements looking for a kind person, willing to fetch a child from kindergarten at twelve, cook a meal and bring it back at two."

The value of family day care as a means of primary prevention for low-income families was established in research reported in 1980 (Kischke, 1980). The study done by the Germany Youth Institute in Munich, on 229 children belonging to 224 parents looked after by 160 Tagesmutter indicated the following results:

- The family income and status of the Tagesmutter were superior to that of the children's parents

- 37% of the parents were single parents; 20% were foreign workers. When the children cared for by the Tagesmutter were compared with matched children cared for by their mothers at home, the children with Tagesmutter were superior on developmental measures. The researchers attributed this gain to the training given to the Tagesmutter. (Kischke, 1980)

CHAPTER 9

NETHERLANDS

A. Status of Providers

There is no regulated status for providers in the Netherlands with the majority of family day care providers being independent. There are approximately 60 voluntary non-profit organizations (family day care projects or schemes) called Gastouderprojekten (GOP's). These organizations bring together parents who need day care - asking parents -with parents who are willing to supply day care - guest parents. Exchange parents are parents who sometimes want care and will give care in exchange.

The GOP's have a national organization and meet every two months to discuss organization and working methods. There were nineteen representatives of the GOP's at the International Family Child Care Conference in Wales (1987) including a representative from the central government Ministry. They were a highly articulate and organized group of providers, and played a strong leadership role in the international organization.

B. Government Involvement

The central government has a policy of no involvement in child care, except in "neglect, social backwardness and economic necessity". As stated by Elizabeth Pot in the International Child Resource Institute report (1984) there is a "deeply founded bourgeois Protestant belief in the nuclear family as the cornerstone of society." In 1975 the government granted some funding to playgroups and enacted temporary regulations for existing centres. However in 1983 the government decentralized all welfare provisions and no legal framework was provided for municipal responsibilities for child care (Pot, 1984).

All child day care for children under three is provided by private non-profit organizations or individual providers.

The central government has been involved in funding experimental projects e.g. Gastouderprojekten) and in providing some funding for welfare subsidies.

C. Community Organizations

Gastouderprojekten are primarily voluntary organizations, although a few are subsidized by national or local governments. There are currently 60 projects in the Netherlands (Roffelson, 1987). They bring together parents who need care with parents who are willing to supply care and they provide supervision to ensure quality care. The central government thinks that the GOP's working methods are the best guarantee that parents themselves remain responsible for their own children. The central government also supports the GOP's as the cheapest way of solving the child day care problem.

D. Parental Involvement

Moss (1987) suggests that the Netherlands has the greatest participation rate of parents in decision-making in day care centres of any of the European Economic Community countries. The projects are run by asking-parents together with guest-parents (providers).

E. Funding

The central government provides the local authorities with block grants to spend as they choose for welfare needs of their constituents, including needs for subsidized child day care. They have also funded 14 experimental projects, providing some public money to enable each project to establish an office, employ a worker, provide some support to providers, and, in some cases, to subsidize the costs of "poorer parents."

The remainder of the GOP's have to appeal to private foundations for incidental expenses, provide services voluntarily, and parents pay for the cost of the child care. Parents pay a fixed fee, which is higher than other forms of child day care.

F. Effectiveness of Service Model

There has been a very low labour force participation rate of women in Netherlands. Fewer than 1% of children under four years of age were in child care in 1984. However, since the early 1980's there has been a rapid increase in the number of women in the labour force and the amount of family day care being provided in GOP's. Pot (1984) suggests a number of reasons for the growth of the private child care market:

- increasing numbers of women entering labour force
- high supply of unemployed women eager for extra income
- shortage of subsidized care
- increased demand for flexible and part-time care
- strong preference for individual care at home.

In a study by the Ministry of Welfare, Public Health and Culture of 394 randomly selected women with 669 children (Pot, 1984) 27% were found to be in private, unsubsidized child care.

Roffelson (1987) reported the following figures regarding child care:

- 266,000 children in formal regulated care
  - of these, 190,000 are in government funded care (53,000 in centres; 135,000 in playschools, and 2,000 in Gastouderprojekts
  - 76,000 are in private commercial care (including creches, baby-sitting groups, day care centres.
- 500,000 are in unregulated, unsupervised care.

Budget cuts in government funding has meant that since 1983 there as been no increase in central government expenditure on childcare services, except for experimental projects. Financial pressure on local authorities means that they can provide no extra money for child care, and are having to struggle to maintain current levels of expenditures (Moss, 1987).

GOP's as an organization are concerned about the low pay, no social security and job insecurity of guest parents. They are supported in their movement by the National Organization for Child Care - Werkgemeenshap Kindercentra.

CHAPTER 10

SWITZERLAND

A. Status of Providers

There are three groups of family day care providers in Switzerland:

- licensed private independent family day care providers
- private independent family day care providers (in local authorities which do not require licensing)
- family day care providers who have contracts with a self-support organization called the Day Care Mothers Organization.

The name "Day Care Mothers" is used "consciously as a way of reminding society that the Day Care Mother has the value of a profession and that it is all women who are providing the care" (Hockli, 1987).

B. Government Involvement

Central Government. There is no central government funding or regulations and child care is considered generally to be the private matter of families and the duty of mothers. This policy is evidenced in the fact that most day care centres are private institutions although many are subsidized by local governments and schools. Also, during their primary school years, children are expected to spend 1 1/2 to two hours at lunch and one to two afternoons a week at home with their mothers.

Local Authorities. In some local authorities (cantons) family day care providers have to be registered whether they are private or belong to the Day Care Mothers Organizations. In other local authorities they are required to have licenses and detailed pre-service inspection. Registered day care mothers are visited twice a year by canton officials.

C. Community Organizations.

In 1974 the first Daycare Mothers Group was formed on a voluntary self-support basis, as a result of the following social forces:

- the urgent need for out of home child care
- the idea that family day care is a welcome addition to centre care
- the recognition that the quality of family day care should be raised and standardized
- the recognition that family day care is work of high social value, and should be decently remunerated (Hochli, 1987).

Since 1974 the Organizations have spread all over the country. In 1986 there were 50 organizations; 1714 children were being cared for by 1193 day care mothers and 3 day care fathers.

There is no national organization. Each group works on its own at the community level and there are three regional groups for the exchange of experiences and coordination of action beyond the community level. There is, however, a national private charitable foundation called "Pro Juventute", which is a common source of support and guidelines. The "Pro Juventute" organizes and finances various projects for parents and children, one of them being the support of day care mothers and organizations. It accomplishes this through private contributions and many hours of unpaid volunteer activity. The Pro Juventute offers the following services to the organizations:

- counselling and support for starting groups
- training seminars for board members of Day Care Mother Organizations
- a quarterly newsletter and information sheets
- organization of meetings for day care mothers' groups
- formulation of a model for good family day care which includes consistency of care for children, high quality care regardless of parent's income, equal fair pay for providers, tuition according to the income of parents, counselling and support for providers and parents, and initial preparation and continuous training of providers and parents.

Within this model, the day care mother's organization assumes the following responsibilities:

- a contacting person keeps a list of possible providers and mothers needing day care; she brings the two parties together, explains the conditions of

the organization, the rights and responsibilities of both sides and when the mother and provider have come to an agreement, she sets up a contract

- the organization acts as an employer; the cashier of the organization who handles the financial matters, has the following responsibilities:
  - pay the providers
  - collect the tuition fees
  - raise funds from local governments or contributions from churches, social organizations or private sponsor (in order to be able to lower tuition fees for low income families)
  - pay the necessary insurance
- the organization provides training for providers and mothers and organizes continuous exchange of experiences and training in regular meetings
- public relations work.

All of the above tasks are usually done voluntarily since the organizations are self-help groups where providers and mothers set up the by-laws, conditions, rights and responsibilities and do the work, in a cooperative framework.

D. Parental Involvement

The organizations are cooperatively organized by mothers and providers. There is an expectation that mothers do not simply turn over their children to the responsibility of another person or an institution, but are continuously involved and encouraged to collaborate and to participate in the care of their children.

E. Funding

There is a small amount of subsidized child care in day care centres and day care mother organizations paid for by the local authorities. However, most of the costs of family day care are either paid directly by parents or through the fundraising efforts of the community organizations.

F. Effectiveness of Service Model

As Hochli (1987) stated at the International Family Child Care Conference, "Our continuing problem is the lack of financial support. While we would like to devote our energy to improving the quality of child care and try to meet the needs of working mothers and children, we have to invest our energy in battles

for money from governments. We think it is important to pay a Daycare Mother a decent salary, because they do an important job for the whole society. We cannot charge the full amount from most families, because they are mostly low income, single parent families. So we do need funds to cover the difference. For most local governments, Daycare Mothers are a cheap solution to the child care problem, compared to the costs for a child care centre. We are all women, and mostly mothers, untrained in fighting with male officials of local governments, hesitating to put a high price tag on a job that we do for no pay in our own families, for our own children. So we are still on the way, struggling to get the recognition and financial support of society for the important work which we do for society."

CHAPTER 11

UNITED KINGDOM

A. Status of Providers

Family day care providers, called childminders in the United Kingdom, are persons who "for reward" look after young children under the age of five for more than two hours a day. They are required by law to be registered (a licensing process) by local authorities. The majority of the 64,000 registered childminders in the United Kingdom are independent licensed providers who are self-employed and make arrangements directly with parents. As self-employed persons, they are required to file income tax returns and to pay national insurance (social security). However, very few childminders earn enough to have to pay any tax or national insurance contributions.

Some of the family day care providers have contracts with "sponsored childminding schemes"(Heywood-Jones, 1981; NCMA, 1987a; Smith, 1987). There is considerable variation in the way the childminders relate to these schemes. According to a report by the National ChildMinding Association (NCMA) published this year (Smith, 1987) they can vary in a number of ways:

- the numbers of childminders and children in one scheme can range from 10 to 297
- the fees paid to childminders can range from 19.40 pounds to 35 pounds a week (approximately $40. to $70.)
- some of the schemes had contracts with the providers, some provided training and support and some paid retainers to the providers when they did not have children in care.

In Edinburgh and Strathclyde in Scotland (for example), they have two categories of childminders:

- regular childminders who are paid by the parents
- "day carers" who are registered as childminders but only care for children referred through the Department of Social Services.

The daycarers are paid a weekly wage and are linked to a Children's Centre where they receive support and training.

Some childminders have become individual union members of the National Union of Public Employees (NUPE) and in 1977 NUPE was involved in drawing up a ChildMinders Charter of Rights.

In the majority of situations, the parents pay the childminders directly. Some local authorities give some guidelines for pay scales to the childminders and parents. The NCMA produces an annual publication called the Guidelines for Pay and Conditions (NCMA, 1986). In the 1986 NCMA membership survey, it was found that the vast majority worked for between 50p and 1 pound per hour (a little over $1.00 to $2.00). Most childminders were including food, treats and outings at no extra charge. Nearly 75% took the children out to other preschool facilities, with approximately half of the minders paying for these services themselves (NCMA, 1986).

According to Sue Owen (NCMA, 1986) there are differences of opinion among childminders about their status. "Those who argue for a totally public service would like to see childminders become salaried employees of the local authorities with appropriate training and support for their jobs and a proper information and referral system for parents. Those who argue for a totally private service say that child care is a matter of personal choice and personal relationships, and that the state has no right to interfere with how you bring up your children or who you choose to care for them" (Owen, 1986, p.3).

The National ChildMinding Association is a voluntary organization which was begun by a group of childminders, parents and interested persons in 1977. Its aim was to promote good standards of childminding through education and training and thus to improve the status of childminders. The major impetus was the publication of research findings in the 1970's (Bruner, 1980; Bryant et al, 1980; Jackson and Jackson, 1979; Mayall and Petrie, 1977) regarding childminders. The findings painted a very negative picture of childminders. In an effort to change the picture, the NCMA was created, the Department of Health and Social Security recognized it and has continued to give it grants to support its work.

The first major training project to change the image of childminders was a 1977 BBC production (Jackson et al, 1977). They produced a TV series of 19 short programs called Other People's Children. As part of the series an accompanying handbook went out to all registered childminders through the local authorities.

A more recent national training project is described in Joyce Beckwith's report on Training and Support in ChildMinding (1982). She depicts three phases that attitudes towards childminding training have gone through. Phase one (prior to 1977) was the period when it was felt that no training was necessary for mothers who were already experienced in caring for their own children. Phase two was precipitated by the research reports and encouraged the development of many local authority training programs, primarily didactic, with child care and health professionals teaching good child care practice in eight to nine week courses. Phase three sees training as one component of a total support system which involves an interactive dialogue between childminders, parents and other professionals and in which childminders determine their own training needs and are involved in the process of meeting them.

The report itself is a description of a phase three process, whereby regional meetings were held with childminders throughout England and Scotland in 1981

and 1982. The purpose of these meetings was to develop a curriculum which would meet the specific needs in each region. The curriculum is recognized as an excellent guide for training in the local authorities, but unfortunately, budget constraints have made it difficult to carry out the training (Owen, personal communication,1987).

B. Government Involvement

Central Government. The central government's Department of Health and Social Security (DHSS) sets policy and licensing standards. The basic goal of publicly funded day care is to provide a welfare service for those families who cannot, because of economic or psychological reasons, assume their responsibility for full time care of young children.

The major guidelines for the central government were expressed at the Sunningdale Conference on low cost day provision for under-fives in 1976. At that time the policy of the two major departments concerned with day care (the Department of Education and the Department of Health and Social Security) was defined and published in the Finer Report. It included the following objectives:

- to restrict publicly provided day care to priority cases
- to promote forms of day care which make a smaller claim on the public purse
- to seek ways of providing low cost preschool day care services, to spread existing provision between a greater number of under fives by encouraging part-time rather than full time use of services, and by discouraging the use of day care places by children under the age of two or three years (Great Britain, Department of Education and Science and Health and Social Security, 1976; Osborn et al, 1984; Simpson, 1978).

The government is also committed to a belief in the voluntary sector as innovative and free from the bureaucracy which affects local government (Simpson, 1984).

An outcome of the DHSS policy is the funding of the Under Fives Initiative begun in 1983 and which formally ended on March 31, 1987 (Simpson, 1984; Van Der Eyken, 1987). This initiative was designed to fund voluntary agencies to provide innovative projects for under-fives. Some of the beneficiaries have been the National ChildMinding Association, Preschool Playgroup Association, Play Matters (the former National Toy Library Association), National Child Care Campaign (similar to the Canadian Day Care Advocacy Association). Some additional funds have been found to provide a one-year "taper" for projects. However, it was expected that the projects begun under the initiatives would find sources for ongoing funding from voluntary organizations, fund raising and local authorities.

The Department of Health and Social Security (DHSS) provides loans and grants to local authorities or voluntary organizations, and these grants, such as the Urban Aid Grants are principally for poor, disadvantaged, and low-income families.

The Nurseries and ChildMinders Act (Great Britain, 1948) was passed by the British Parliament in 1948 and amended in 1968 by the Health Services and Public Health Act (Great Britain, 1968). The Act created the category of "registered childminder" and requires every local authority to keep a register of all persons who "for reward" look after young children under the age of five for more than two hours a day.

An application is made to the local authority, then a registration procedure is carried out. The local authority can refuse to register a person if they or their premises are "not fit". In the registration procedure, the local authority may specify number of children, qualifications of caregiver, "adequate" premises and repairs, equipment, feeding, medical supervision, and that records be kept. A certificate is given specifying any conditions. The Act gives considerable latitude to the social services departments of the local authorities regarding the finer details.

The registration certificate can be cancelled in case of non-compliance, and appeals can be made. The persons and premises are required to allow inspection by a local authority official at any time without notice.

There is a penalty for failure to register and for breach of any specifications spelled out in the registration "orders". Prosecution, however, is very rare.

Local Authority. Since the 1970's the Department of Social Services in each local authority has had the responsibility of registering childminders according to the Act. While they may be encouraged to provide support and advice to childminders, they are not legally required to do so. As a result, policy and practice with regard to childminding varies enormously from one local authority to another. Some authorities have a specialist under-fives unit and the key worker has relevant experience with under fives. In this case childminding is more likely to be seen as part of the total child care system, to be given high priority and to be seen as an essential service which needs to be properly funded and supported.

For example, one inner London borough employs eight area-based childminding advisers, offers free training courses and equipment and pays the insurance premiums of all of its childminders (Beckwith, 1986). In contrast, other authorities see childminding as basically a private arrangement that only merits a very low priority for support. In these situations, childminding registration and support would compete with caseloads of the elderly, child abuse situations, and family casework. The orientation tends to be a crisis/welfare orientation.

All local authority workers who are responsible for childminders have at least four task areas in common:

- preliminary visits to, and registration of childminders
- ensuring an adequate standard of child care practice
- monitoring children's progress and development
- offering support to childminders (Beckwith, 1986).

The caseloads of local authority workers may vary from 40 to 140 childminders.

Some of the local authorities (in 1984, 72% of the authorities, according to the NCMA) provide subsidies for families because of single parenthood, stress, ill health, etc.("priority children") and these subsidies can be used with childminders. Some of the money can be recovered by grants based on neediness from the central government. Some salaried projects, called sponsored childminding schemes have been tried in some local authorities.

The NCMA have published reports on two seminars which were held in November, 1986 for local authorities and organizers involved with sponsored childminding schemes (Smith, 1987).

C. Community Organizations

There are a number of voluntary organizations which relate to childminding through funding, education, research, sponsoring projects, advocacy. Following is a description of the involvement of some of these organizations.

The Save the Children Fund is a national children's charity and has a childminding project in Manchester. They also operate Family Centres (similar to Ontario's Child Care Support Services) in other places (Trinity House ChildMinding Project - Summer Place, off Platt's Lane, Manchester, M14 5AD).

National Children's Homes have a drop-in centre for childminders at Bracknell, Berkshire and provide childminding support workers at the Resource Centre, Clifton, Nottingham. The NCH family centres provide meeting places for childminder groups.

The National Children's Bureau (National Children's Bureau, 1987) carries out research on childminding, has an Under-Fives Unit which includes childminding in its resource and development work. Research is reported regularly in the journal Concern (NCB, 8 Wakley Street, London, EC1V7QE). The Under Fives Unit has been involved since 1983 in a national study of training and support programs for childminders and the effectiveness of a variety of programs on childminding. These studies have attempted to:

- identify and describe a range of approaches to providing support for childminders by local authorities and voluntary organizations
- investigate the number and characteristics of childminders who make use of different support services and their reactions to the services
- assess the impact of support services in terms of improved childminding practices
- evaluate an innovative support scheme based on Bruner's recommendations in 1980 (Bruner, 1980;Personal communication with Elsa Ferri, Senior Research Officer, National Children's Bureau, 1987).

Results of the study will be published within the next year by the NCMA.

The Community Education Development Centre carries out development, training and evaluation work in all aspects of community education, and has a Family Education Unit. The dissemination phase of the NCMA/OU ChildMinding Project (1986-88) is based at CEDC (Briton Rd., Coventry, CV2 4LF).

The London Childcare Network is an anti-racist, anti-sexist, feminist self-help voluntary childcare campaign which organizes seminars and conferences and produces a newsletter and other publications on child care, including childminding. (8 Wakley St., London, ECIV 7QE).

The National Childcare Campaign (1987) promotes anti-racist, anti-sexist child care practices, produces publications, holds workshops and seminars and has a child care information and research bank. It has a network of local groups which childminders can join to campaign for better, state-supported child care provision. (NCC, Wesley House, Great Queen St., London WC2).

Barnardo's is a voluntary organization which funds a sponsored childminding scheme in Hackney (Smith, 1987).

The Bernard Van Leer Foundation (Van der Eyken, 1987), centred in The Hague and involved in many early childhood programs throughout the world, has provided funding for an innovative new Family Centre for childminders in Soho, London. Soho is an area where there are many small flats, none of which would be acceptable to be licensed for childminding. The Family Centre is licensed as a childminding house and parents bring their children to childminders in the centre. The centre has a playgroup, a toy lending library, a coffee bar and a drop-in. The program is being evaluated as a way of solving the problems of child care in areas where potential childminders' homes are not adequate for licencing.

The Foundation has also been involved in research on needs for child care. Dr. Van der Eyken (1987) at the International Child Care Conference in Wales reported on research which was funded by the Foundation, to discover the effects on families when their child care needs were not met. They studied a

community in England, consisting largely of East Asian families, where a day nursery with a childminding component was closed. It was found that most of the families had to go on Social Security, some children were in shops behind counters where their families worked, and some were in the care of extremely elderly grandparents who had been brought to Britain to care for the children.

The most active and influential community organization relating to childminding is the National ChildMinding Association. In 1985 the NCMA published a report called The Law on ChildMinding: Recommendations for good practice (1985) which is the result of discussions among local authorities and under-fives liaison groups regarding legislation. The report gives recommendations to central government and to the local authorities. It attempts to "put more teeth into the regulations" (Owen, personal communication, 1987).

The NCMA engages in a number of activities at the local, regional and national levels. It currently has more than 23,000 members (Sue Owen, personal communication, Oct., 1987) with a small permanent staff at Bromley and other staff employed in short term projects in other parts of England.

Activities of the NCMA include the following (Owen, 1986):

- help to define policy and good practice in childminding and tackling current issues, for example, through an anti-racist working party
- providing information, sharing access and linking childminders throughout the country through the newsletter Who Minds?
- negotiating public liability insurance schemes for child minders
- collecting information re pay and conditions, tax and benefits and producing regular guidelines for members
- keeping laws and regulations under review and advocating for change if necessary
- providing advice to central government on issues related to childminding and representing views of childminders to government
- organizing seminars and conferences at national and regional levels for childminders and local authority childminding workers
- providing support for local groups and helping them form county wide and regional networks
- operating special projects and support schemes
- working with other child care organizations to promote interests of young children and their families.

Some of the achievements of the local groups include:

- obtaining a grant from the local authority or another funding body to employ a paid co-ordinator
- organizing special days and conferences on various topics, e.g. multicultural childminding, sponsored childminding
- joining with other child care organizations to promote local provision for under-fives, and developing local policy and practices
- getting publicity in the local press about the group's achievements
- setting up equipment loan schemes, toy libraries and training courses
- writing their own codes of practice, organizing insurance and coming to agreement about local rates of pay and conditions of service
- setting up regular group meetings where childminders can get together and share their views and experiences of childminding.

The NCMA has also been involved in research and innovative programs. Sue Owen, of the NCMA recently visited California to study and report on the Child Care Resource and Referral programs there (Owen, 1985). The report was used to assist in the development of two demonstration Resource and Referral programs in Sheffield and Bristol, which are being funded by local authorities and voluntary organizations.

While these organizations receive some financial support from the central government, the majority of money comes through membership fees, fundraising endeavors, foundation grants.

D. Parental Involvement

While parents have been very active in the Preschool Play Association play groups in Great Britain, there has been very little organized parent action in policy or programs related to childminding.

When Smith (1987) was asked at the International Child Care Organization Conference to describe the process by which parents could find a childminder, she described the following three possibilities:

- The parent would go to the local authority social service department which is responsible for registration and keeping lists of all childminders. In the better local authorities the staff would give the parent a few members specifically chosen to meet the needs of the parent, and would advise the parent regarding what to look for and how to search. On the other hand,

the parents might be given a list of 200 possible names, all the childminders in a particular geographic area, and would be given no assistance in the search.

- The NCMA has some local associations which will give lists of NCMA members to parents and some assistance, both written and verbal with the search.

- Two new projects to assist parents to find day care, including childminders have been planned. One of these has just begun in Sheffield, and another is scheduled to begin next year in Bristol. They are being patterned on the California Resource and Referral programs.

Miriam David, in a Policy Review article (1982) states that "parental control or parental involvement in policy-making and management rather than the care provision is an issue that receives little attention in Britain. Most of the debate centres on the issue of greater governmental involvement. Although little consideration has been given to whom the agents - professional or political - of government might be, parents have not featured prominently. In other countries, parental control receives much more serious attention." (p.90).

There was very little discussion in any of the literature reviewed to date of either parent education to improve their ability to choose quality care, or of parent input on childminding policy.

E. Funding

The major portion of the costs of family day care are borne by the parents. When the parents are unable to pay for care, the costs may be borne by local authorities, who may then recover some of the costs from the federal government. Some of the costs may also be covered by charitable organizations.

F. Effectiveness of Service Model

The NCMA (1985) gave the following statistics on how well children under five and working parents are being served by the current day care system in Britain.

In 1984 there were 3.3 million children under the age of five. Provision for these children, including full and part time places, add up to approximately one-third of them. The best served group is the over-threes who need part time care. Many of these are able to find places in nursery schools or classes run by the Local Education Authority. In 1984, there was a total of 581,000 places in nursery education for children between three and five (42.8% of that age group). Even full day placement is only the length of a school day, so doesn't help

working parents with a regular work day. The proportion of children who are in a full day, compared to half day in nursery education has decreased dramatically. In 1971, 81% of children attending nursery education, attended full day; in 1984, only 54% were attending full time. The largest numbers of children in part time programs are in playgroups, totalling approximately 400,000 between the ages of three and five.

For parents needing full time day care, the day nurseries run by local social service departments (under the control of the Department of Health and Social Security) offer roughly 28,000 places across the country. These places are taken by children "at risk" and referred by social workers. Private day nurseries and employee-run day nurseries provide an additional approximately 22,000 places. Private day nurseries and nannies are very expensive. Therefore, most children with working parents are cared for either by relatives or by childminders. The latest Department of Health and Social Security figures for numbers of children with registered childminders is 116,000 children with 64,000 minders (Smith, 1987). Estimates by Jackson and Jackson (1979) were that half of all childminders were operating illegally. However, there is speculation that the number of unregistered childminders has decreased substantially with the efforts of the NCMA and the increase in local authorities of specialist units for the under-fives.

In the 1986 Membership Survey carried out by the NCMA, the numbers of members who had received the recommended visits every three months by the registering social services worker had dropped from 45% in 1985 to 41% in 1986. The numbers who hadn't seen anyone from social services for a year or more had risen from 19% to 21% in the same time. The NCMA remarked that "this is surprising at a time when local authorities were showing an increased interest in childminding, but it might reflect the financial strain under which many local authorities have been labouring in the last year or so." (NCMA, 1986).

Some of the major experts in the field support the value of childminding as opposed to centre care by referring to the needs of young children for healthy attachment relationships, the importance of strong family values, and the damage to young children of separations from mothers (Johnson, 1976; Kellmer- Pringle, 1980; Leach, 1979; Thayer, 1976; Yudkin & Holme, 1963). Some of these experts support childminding as the best form of day care because the childminder is usually a mother and the small number of children in childminding homes enable the child to continue to experience family kinds of interactions, rather than impersonal group interactions (Kellmer-Pringle, 1980; Leach, 1979).

The negative reports on the effects of poor care in childminders' homes, especially that of illegal childminding in the 1970's (Bruner, 1980; Bryant et al, 1980; Jackson, S., 1971; Jackson, S., 1974; Jackson & Jackson, 1979; Mayall & Petrie, 1977) produced a different response from some of the experts. Bruner, (1980), Weightman, (1979), and Jackson (1979) used the results to call for more day nurseries. If this could not be managed financially or for reasons of preference of care for childminders, they advocated for more regulation and support for childminding to improve this service.

A strong opposition is represented by the National Child Care Campaign which regularly raises the links between the rights and exploitation of women and child care, and argues that childcare is no more financially viable than health clinics or infant classes. To imply otherwise, they argue, is to presume a large pool of women who have the time and income support to be able to work for nothing. They further claim that women's demoralization and isolation are not proper objects of welfare intervention, but are created by lack of resources and of opportunities (Simpson, 1984).

The conflict between these positions is well stated by Simpson (1984), "The idea that child care should be a freely available service, like the national health or schools, is not merely dismissed by the government and MP'S, but is ridiculed. Harriet Harman, who is a crusader for universal child care inside parliament, has been jeered and laughed at whenever she tries to raise the issue. 'Unlike in other European countries, parliament refuses to accept that child care is a matter of legitimate social policy,' she says. 'At best, it is considered irrelevant; at worst, that it's absolutely wrong that parliament should interfere in what is essentially a private matter.'"

The British delegates at the International Family Child Care Conference in Wales, 1987 expressed their major concerns as being the budget cutbacks and the fact that the initiatives money is running out. They suggested that some local authorities were prepared to continue funding programs, while others were not. Van der Eyken (1987) stated that he felt that the ideological battle regarding whether mothers should stay at home or not was preventing Britain from getting on with the real question of what happens to families when they can not get good child care, and then doing something about it.

CHAPTER 12

SOUTH AFRICA

A. Status of Providers

There are no regulations concerning family day care in South Africa. The majority of family day care is provided through informal, independent arrangements. There are a few family day care schemes provided by voluntary community organizations which provide family day care providers with economic and professional supports.

B. Government Involvement

There is no government support or legislation for family day care, but a maximum of six children may be cared for in a provider's home without being licensed as a centre (Reilly & Hofmeyr, 1983).

C. Community Organizations

A number of projects are developing in South Africa to focus on family day care and a number of models are emerging which were reported in a Conference held by the Early Learning Resources Unit (a non-racial independent organization concerned about early childhood care and education [E.L.R.U., 1984]).

- Witwatersrand University has developed a family day care project in Alexandra, Leroto Masanga, which uses a "network model". Family day care providers are encouraged to belong to self-help associations for co-op buying. The agency organizes training, medical screening, provider supervision and support through home visits.

- Entokozweni Scheme in Soweto was established in 1978 and also has a "network model". The agency hires community home visitors to support and advise providers.

- Western Cape Foundation for Community Work has a project in Cape Town. A welfare agency employs providers and subsidizes their income (above what parents are able to pay), in order to guarantee a reasonable and secure income.

The E.L.R.U. was established by the Cape Educational Trust in 1978 and has a staff of six full-time and three part-time educators and two clerical assistants. It receives no support from the government. It enables oppressed communities to provide better learning opportunities for young children through developing skills and materials at all levels of preschool education for:

- teacher trainers and parent educators
- teachers and supervisors in preschool centres
- providers and parents at home (E.L.R.U., 1984)

D. Parental Involvement

Parents using the schemes are primarily recipients of a welfare service.

E. Funding

The schemes raise money as charitable organizations in order to provide quality care which parents cannot afford. Parents pay according to a sliding scale based on their incomes.

F. Effectiveness of Service Model

In a report at the E.L.R.U. Conference (1984) it was stated that maternity benefits and child care allowances are generally inadequate. Many mothers in poverty conditions are seeking child day care and finding it difficult to find at a price they can afford to pay. Fifty percent of working mothers make arrangements within the family; 22% do not pay; 6% hire servants; 23% use providers outside of the family and 14% use licensed day care. While home-based care is often more flexible and accessible, the quality is often poor. It was stated that in Soweto, the providers tend to be old and infirm, the homes overcrowded, unhygienic, with inadequate nutrition, and lacking educational equipment. It was estimated that 17,500 preschoolers in Soweto (a large number of these being infants) are with providers.

The following recommendations were made by the conference participants:

- Home based educare should be part of a system of child care provision with the following components:

- legislation is needed to provide recognition for subsidization and accreditation
- accreditation should be given by a recognized body to regulate standards of health requirements and training
- home visitors should be recognized, trained, remunerated and accountable
- a national provider association should be developed to lobby for the above. It should be community based and become part of the South African Association for Early Childhood Education.

- Education and support is needed to develop quality in home care.
- The problems of providers need to be recognized. Pay and security should be provided by subsidies and employment by agencies. Relief workers and remuneration should be provided to compensate for the long hours.
- The particular problems of rural areas need to be addressed with special training programs, especially for illiterate grandmothers.

CHAPTER 13

AUSTRALIA

A. Status of Providers

In Australia the status of providers varies from state to state. Some states have requirements that providers be licensed; others do not. There are also family day care schemes/agencies in all of the states which organize family day care providers. There are 284 such schemes in Australia currently with 37,554 places for children (Rankin, 1987).

There are, therefore, three groups of providers:

- unlicensed independent family day care providers
- licensed independent family day care providers
- licensed or unlicensed (depending on state's regulations) family day care providers organized with a scheme/agency.

Providers with a scheme/agency are self-employed with contracts with the agency. In 1983 the providers received $1.00 per hour when the care was regular but less than 20 hours; $1.50 per hour per child attending before or after school; $1.50 per hour for casual and emergency care; $10.00 for overnight care (Robertson, 1984).

There is a Family Day Care Association which is advocating for more monitoring by the federal Office of Child Care, and for an advisory and consultant presence for coordination at the federal level. The Association, as it appeared at the International Family Child Care Conference in Wales (1987) seemed to largely represent coordinators in the schemes, rather than the providers directly.

B. Government Involvement

Central Government. The Office of Child Care, Department of Social Security functions under the Child Care Act, of 1972, but there is no specific provision for family day care in the Act. The federal government sees its role as primarily providing funding for child care as a welfare service, and has been providing funding for family day care since 1975. For services funded by the Office of Child Care, priority is given to the children of single parents, aboriginal children, ethnic minorities, children at risk of emotional and physical

abuse, disabled children, children with sick or incapacitated parents, children with both parents in the work place and isolated children.

In 1973-75 the federal government was interested in comprehensive provision, but with priority to families with special needs. Since 1975 the emphasis has increasingly been towards selective provision for low income families (Jones, 1984).

A government report in 1981, the Spender Report (Robertson, 1984) recommended family day care as the most cost-effective method of providing child care. However, the primary position of the federal government is that it is not their role to advise state or municipal governments regarding regulations or programs for child care.

State and Municipal Governments. Some state governments have licensing regulations for providers, others do not. In Victoria (Galea, 1987) there are no regulations, but there are 60 schemes, mostly municipally sponsored. In Western Australia (Fort, 1987), on the other hand, they have had regulations since 1968 requiring any mothers who provide care for children in their homes to be licensed. The regulations stipulate that providers are allowed to have up to four children under school age and are to be supervised by the State Department. In the early 1970's when the Federal Government allocated funds to form family day care schemes for parents in need, the state continued issuing licenses, but the schemes are responsible for overall supervision.

The family day care schemes are sponsored through municipal governments and sometimes through community organizations. Schemes can be approved for as few as 50 EFT's (full-time equivalent children) or as many as 450. Altogether there are 284 programs being funded. The purpose of these schemes seems to be both to solve the problems of inadequate day care facilities, and to provide a primary prevention service in relation to isolated families in need (Robertson, 1984).

The coordinating unit of the family day care scheme consists of coordinators who are usually social workers or preschool teachers, and providers who are hired to care for a maximum of four children in their home.

C. Community Organizations

Some of the family day care schemes are sponsored by community organizations. Fort (1987) described one of these at the International Family Child Care Conference. The Roberta Jull Family Day Care Scheme has 65 providers and approximately 300 children in care. Three coordinators and two play leaders organize playgroups for providers and a toy lending library service. A clerical person does all the bookkeeping and administration of payments and fee relief. An assistant helps out in the office and in the toy library. The state

government recently granted funds to employ a social worker for two days a week to operate a drop-in and support providers.

Prospective providers (for whom there is a waiting list) go through the following licensing process:

- an interview in the provider's home, during which the provider is assessed for ability to communicate, ideas on childrearing and ability to provide stimulation, a warm loving atmosphere, and a suitable home in terms of health and safety
- an application form is filled out, accompanied by a form from a doctor, three references, chest x-ray, permission from the local council who checks the home for a second time
- a second interview to go over all matters related to children, health and hygiene, and to check any adjustments made to the home after the first visit
- a third interview in the centre (the offices of the scheme) when the provider is shown all the facilities, the procedures for enrolment and obtaining fee relief and meets other members of the staff
- a fourth visit to the home to finalize any areas not covered previously. Then the provider is ready to receive children.

Children are placed by the coordinator and visited at least once a month, usually more often initially and if any problems arise. The provider is encouraged to attend playgroups and an inservice meeting once a month. She is also encouraged to enrol at a child care course at the local technical college, once a week for a year.

Another example of one of the community organization family day care schemes, in Eltham Shire, is described by Robertson (1984). The scheme was begun as a method of providing day care inexpensively. The coordinators did a needs assessment including a child care survey in the community to find providers, and meetings with professionals in other family services in the Shire. They selected providers according to criteria of safety and suitability of the home, competence of the provider with her own children, and personal stability and reliability. The coordinators match the providers and parents on the basis of a visit to the parent's home. The coordinator sees her role as assisting both the providers and the parents with childrearing, without undermining their confidence.

There is an effort in all of these schemes to provide a flexible system including full-time care, part-time care, before and after school care, casual, emergency, overnight, evening, and holiday care.

D. Parental Involvement

The role of parents in the schemes appears to be as a client in a social casework model (Robertson, 1984).

Parents are charged the same rate as the providers in a scheme are paid, unless the family's financial situation requires a subsidy, in which case the income test is used for the federal government subsidy.

In the Roberta Jull Family Day Care Scheme, when a mother inquires about care, she is given the name of a provider in her area, more than one if vacancies exist to meet her needs. She arranges a visit and if the provider is suitable, she books the child in.

E. Funding

The federal government gives financial assistance for family day care schemes in three different ways:

- operational grants which make a contribution toward operating and administrative costs of the agency. The amount is based on the number of equivalent full-time children (EFT) who attend each quarter

- special economic need subsidy - assists families in economic need; restricted to the number of EFT children and based on standardized means test introduced in October 1982

- supplemental services grant - an additional grant to provide special services for children with particular developmental and cultural requirements.

The agency applies to the federal government to its various subsidy schemes for its expenses. Whatever the federal government does not cover, the local government or community organization which operates the scheme attempts to cover.

The parent pays the total cost of family day care unless they require a subsidy, in which case the fee relief (subsidy) is means-tested. The parent usually pays her portion of the fee to the provider and the provider claims the rest from the scheme each fortnight.

F. Effectiveness of Service Model

Robertson (1984) sees considerable benefits in the model of family day care schemes which have developed. They include the following:

- community building and strengthening of neighborhood support systems for parents
- primary prevention
- flexible time for shift work, emergency care and part-time care
- flexibility in keeping siblings together, providing kindergarten children with before and after school care and delivery, overnight care
- community orientation which reduces travelling time, provides similar life styles, and makes it possible for the child's doctor and Infant Welfare Sister (public health nurse) to relate to the provider as well as the parent.

The problems with family day care schemes are seen as relating primarily to the government funding and support (Robertson, 1984). According to Robertson, (1984) the municipal governments have little understanding of family day care and may employ coordinators without proper qualifications, may not provide proper space and administrative supports, and coordinators are pressured to take more and more children without supports from the government. The coordinators are basically left on their own to set up services. Robertson's criticism of the federal government's involvement includes:

- a lack of guidelines for providing training and support programs for providers; lack of guidelines for providing foster care in conjunction with family day care;
- lack of critical evaluation which makes planning and policy making difficult, both at the federal and municipal level. "Many schemes have grown beyond the point where personal contact with parents can be maintained, threatening the most valuable quality of this service. Policy on the maximum number of children for each scheme or co-ordinating person could be established to prevent this from happening if knowledge from an evaluation were available." (Robertson, 1984)
- lack of adequate pay for providers.

Jones (1984) also states that with the increase in married women with young children in the labour force and increase in the number of one-parent families, "many women's organizations, trade unions, government agencies, professional bodies and social welfare groups have asserted that day care provision is qualitatively and quantitatively inadequate."

CHAPTER 14

NEW ZEALAND

A. Status of Providers

In New Zealand there are, as yet, no government regulations requiring any providers to be licensed. However, there are approximately 37 voluntary non-profit organizations (family day care schemes) which have contracts with family day care providers.

Family day care providers in the schemes have formed organizations through regular meetings at playgroups in their homes or in community centres. Some of these organizations have developed training programs.

The majority of child day care in New Zealand is provided by informal, unregulated family day care providers.

B. Government Involvement

In July, 1986 all child care was transferred from the Department of Social Welfare to the Department of Education under an Amendment to the Education Act of June 25, 1986 (Department of Education, 1986). While the provision of child care subsidies stays with the Department of Social Welfare, all responsibility for administration, regulations and other funding of child care is the responsibility of the Department of Education. The Social Welfare specialist child care social workers have been transferred (if they wished) to Education and called Early Childhood Education Officers. The move is seen as recognizing the educational components of all early childhood services, including family day care, centre-based day care, playgroups, preschool classes in special schools. All of these services, with the exception of family day care are licensed by the Department of Education. As yet family day care has no regulations or guidelines but the agencies are working with the Department to develop these (Brown, 1987).

The child day care policy objectives, as stated in the Amendment are as follows:

- to promote high quality child care services
- to support the contribution of child care services to the well being of children and families
- to recognize the value and training of child care workers

- to provide advisory services to child care centres
- to provide welfare assistance to families who cannot afford full cost (Department of Education, 1986).

Early Childhood Education Officers are expected to make regular visits to Family Day Care Projects regarding the payment of staff grants and to provide advisory support. The Social Welfare Department is expected to make occasional visits to monitor payment of child care subsidies against attendance registers.

C. Community Organizations

All Family Day Care Projects are voluntary agencies. They began in 1972, largely with a primary prevention focus (New Zealand Social Advisory Council, 1985). There are thirty-seven family day care projects in New Zealand. Barnardos, a worldwide charitable organization, operates the largest number of projects (28) which are located throughout the country. A project usually consists of two coordinators job-sharing in a specific geographic area with approximately forty children and 25-30 caregivers. Some projects may have as many as 60 children with others as few as 15. The coordinators are experienced in parenting and are qualified in early childhood and/or social or community work. In each geographic area, a number of projects would be supervised and supported by an early childhood education manager and administrative staff.

D. Parental Involvement

Parents are seen as needing a service in order to support their parental function. There is no indication of decision-making involvement.

E. Funding

Parents pay fees for family day care in the schemes according to their income. There are both subsidized children and full-fee paying children in all the schemes.

In addition to subsidies for low income families, the federal government now provides grants which are incentives for staff training in centres and family day care projects. These grants include:

- grants to coordinators of Family Day Care Projects of $9,000. per annum per full time position

- administration grants of up to $4,000. per annum per project
- training for provider grants of up to $2,000. per annum per project (These figures were for 1986 and are subject to annual review [Berenstone, personal correspondence, 1987]).

The federal government also gives tax rebates for parents for some of their child care fees.

F. Effectiveness of Service Model

The delegates at the International Child Care Conference in Wales (1987) were enthusiastic about the move to the Department of Education and looked forward to support from the Department for the development of regulations and for training of providers. The majority of the delegates were coordinators in schemes or supervisors from the Department of Education.

CHAPTER 15

UNITED STATES

A. Status of Providers

There are three categories of family day care providers in the United States:

- unregulated providers (the largest number)
- regulated (licensed or registered) providers who meet the state and/or federal requirements, and operate independently
- regulated family day care providers who operate as part of a day care system or network under the administrative auspices of a sponsoring agency.

It is estimated that between 80 to 90% of all family day care providers are unregulated in spite of the fact that 44 of the states require providers to be licensed or registered (Grotberg, 1980). The main incentives for becoming licensed or registered have been financial. Regulated providers can take deductions for out-of-pocket business expenses, such as cost of toys, equipment, home improvements and food, and can take part in the federally funded Child Care Food Program (see page 106 for a description of this program). More recently the development of Child Care Information and Referral services has added the additional incentive of putting regulated providers in touch with new clients, as well as providing advocacy and support services (Benson, 1985).

Grotberg (1930) reported a study on the differences between regulated and unregulated caregivers which stated that regulated caregivers cared for lower proportions of minority children, higher proportions of children from one-parent families, were more likely to care for children to whom they were not related, cared for more children, and more hours per week, had a higher average ratio of children per adult, had more experience in caring for children, had higher family income, were more likely to be white, and charged higher hourly fees. There was no reported difference in marital status, age or education.

The National Home Day Care Study (Fosburg et al, 1981) reported the wages of family day care providers as far below the minimum wage - an average weekly net income between $50.27 and $62.09. Weinstein (1984) reported that regulated providers in the private market (independent) earned on average $30. to $50. per child per week, while providers in a subsidized system earned less - $30. to $40. per child per week. The unregulated providers were at the lowest end of the scale; the income was entirely dependent upon the community in which they lived and the numbers of children for whom they cared. Only one percent of all providers earned more than $10,000.

Two studies on providers carried out in Maryland and California in 1984 (Benson, 1985) suggested that the reasons for low wages were:

- lack of special training and low self-esteem
- the perception of family day care workers as baby sitters
- the larger problem of low status and low pay for women's work in the home

The reasons they accepted the low wages were stated as:

- the job allowed them to earn income without having to find child care for their own children
- the job provided a needed second income
- the rates were as high as the parents could afford to pay.

They had no fringe benefits, no sick leave, no paid vacations, no retirement or pension plans and no worker's compensation. The positive benefits of the job were seen as:

- enjoyment of working with small children
- creative challenge
- close tie between providers and parents
- satisfaction of offering essential service
- freedom and autonomy of running their own business
- being at home with their own children and earning a small income at the same time.

The negatives of the job were seen as:

- little or no interaction with adults
- day long responsibility without breaks
- long days, sometimes 12 hours
- back strain and exposure to infectious diseases
- burnout
- cost of food, materials and wear and tear on the house came out of their own pay

- little opportunity for career advancement.

The National Home Day Care Study (Fosburg, 1981) reported that most family day care systems use personal service contracts with providers in order to avoid the more costly minimum wages which systems cannot afford. If the systems were to employ the providers, they would also have to contribute to worker's compensation, unemployment insurance, social security, deduct taxes from earnings and might also have to pay overtime. All but one of the systems had subcontracts with providers rather than employee-status. Most had written contracts or oral agreements which clarified: the hours providers are available, the number of children allowed, the rates providers are paid and whether providers work exclusively for the agency.

Several national and local organizations have developed to improve the status of family day care providers and the provision of family day care.
The National Family Day Care Organization consists of approximately 250 branches. They work toward the provision of training, provide assistance to new sponsors, learn about political advocacy, and assist in the development of legislation to create state standards for family day care (Ranck, 1984).

The Child Care Employee Project (Whitebook, 1985; International Child Care Resource Institute, 1984) works to address the needs of caregivers for better compensation and improved public respect. It was formed in 1980, publishes a quarterly newsletter, provides technical assistance to individuals and groups about work related problems, represents child care providers at public hearings, educates policymakers at national and local levels and provides caregiver training.

The Children's Foundation, a Washington-based project (Children's Foundation, 1985) began a Family Day Care Development and Training Project which:

- provides technical assistance and other resources for family day care trainers and child care specialists
- provides training for family day care providers
- provides a national resource clearinghouse to make information and materials available to family day care providers and to link family day care to other child-related fields.

B. Government Involvement

Federal Government. The Administration of Children, Youth and Families in the Office of Human Development Services of the Department of Health and Human Services is responsible at the federal level for all aspects of child care. (This

responsibility had previously been in the Office of Child Development, Children's Bureau in Health, Education and Welfare.)

The general principles currently underlying federal government policy on child day care seem to be as follows:

- the temper of the time seems to be anti-bureaucracy, anti-big government and regulations (Morgan, 1980)
- the role of the federal government is seen as the protection of children and the development of new knowledge regarding children and day care in order to improve the quality of day care (Grotberg, 1980)
- there is a waning of support for a national program and a new emphasis on "making the system work better" (Levine, 1982)
- there is an expanded notion of what the child care system includes, of its diversity and an increasing emphasis on family and parental choice. Concomitant with this is the agreement that there is no clear consensus of research regarding what is best for children, and that what is needed is a variety of programs to meet the needs of different families with different children, in different circumstances, with different cultural values (Levine, 1982).

There appear to be two major forces in United States regarding regulations and a comprehensive child care policy. On the one hand there is pressure against "big-government", regulations, and government interference in private family matters, and on the other, there is equally strong pressure for a national policy and national standards for the regulation of child care. As Wattenberg expresses it, "An interesting dilemma emerging here is the delicate line between the urge to strengthen the natural day care system in communities and the urge to provide more rigorous, formalized and systematic support to a system which increasingly is one of strangers caring for children behind closed doors" (Wattenberg, 1981).

At the present time there are no federal regulations related to standards in child care, although there have been many attempts to develop these. The first federal government regulations related to day care were passed in 1968 - the Federal Interagency Day Care Regulations (FIDCR), which applied to all day care programs using federal funds. There was no specific reference to family day care in those regulations. In 1970 a Federal Panel on Early Childhood was reconvened to review the FIDCR to provide the states with a model licensing code to follow. However there was too much disagreement on major issues and the review was stalemated in 1972 (Costin, 1980). Meanwhile the Comprehensive Child Development Act of 1971, providing national policy guidelines for all child care, passed both houses but was vetoed by President Nixon. In his veto speech he stated that "for the federal government to plunge headlong financially into supporting child development would commit the vast moral authority of the national government to the side of communal approaches to child-rearing over against the family-centred approach" (Zigler & Gordon, 1982).

In 1974 the Title XX Grants (federal funding to states for specified social services, including child care) were introduced and the Secretary of Health, Education and Welfare was given the power to revive the FIDCR for determining eligibility for funds. However conflicts still were unresolved and it was decided that only the state licensing standards were needed for eligibility to receive Title XX funds (Costin, 1980; Grotberg, 1980).

In 1978 a Health, Education and Welfare report supported the FIDCR and offered recommendations for the revision. In 1980 the Secretary of Health and Human Services approved the new standards, but the Senate delayed their implementation. These new standards included standards for family day care provision. The FIDCR continue to be used by the states as standards, but they are not legally required to do so (Zigler & Gordon, 1982).

The FIDCR regulations which apply to family day care recommend that:

- the adult:child ratio should be 1:5, provided that no more than two of the children are under two. The ratio is 1:6 only if all children are over two years of age.

- state agencies should establish and implement specialized training programs in child care for providers

- family day care homes should provide developmentally appropriate activities which promote social, intellectual, emotional and physical development (Young & Zigler, 1986).

National concern developed in 1982 over child abuse in day care settings, including family day care. This prompted two years of federal government hearings. By 1984 substantial information had been gathered on child care in general which established, first, the growth in demand for child care for middle class as well as low-income families, and secondly, the consequences of failure to provide child care, including unemployment, welfare dependency and risks to child safety (Phillips, 1986).

On the basis of this knowledge, legislation was passed (PL 98-473) which included:

- an increase to the Social Services Block Grants to support training in child abuse and child development for providers, licensing staff and parents

- the requirement that states establish procedures for background and criminal checks on all providers, operators and staff of licensed or registered child care services, and set a monetary penalty for states for noncompliance

- instructions to the Department of Health and Human Services to draft Model Child Care Standards.

Three months later, the Model Child Care Standards Act - Guidelines to the States to Prevent Child Abuse in Day Care Facilities (U.S. Dept. of Health and Human Services, 1985) were passed, using as their background the National Comparative Licensing Study in 1981 (Johnson et al, 1982). Instead of standards, they issued "regulatory options", describing a range of possible licensing provisions states could adopt. They justified this by the "wide diversity among the States in the content of their licensing standards and registration requirements" and the fact that "there exists no consensus among parents, caregivers, states and local officials, child development experts, researchers or federal legislators and administrators on what would constitute an effective and workable uniform set of standards for child care in this country" (Department of Health and Human Services, 1985). In the appendix of the guidelines, they include the model standards by the National Association for Education for Young Children (NAEYC, 1984) and the Child Welfare League of America (1984).

The Model Child Care Standards include the following guidelines:

- re: parent visitation and other parent participation, they stress the importance of unrestricted access by parents, and give suggestions to parents about how to prevent child sexual abuse

- re: employment history checks of staff and other background screening, they give a range of procedures that could be adopted

- re: staff qualifications, they stress the need for balance between, on the one hand, requiring qualified staff and, on the other hand, assuring adequate supply of employees. (They then repeat the current states' requirements.)

- re: probationary periods for new staff, they suggest a period of time that it takes for background checks to be completed

- re: staff training, development, supervision and evaluation, they state the importance of training and supervision, especially related to child abuse, and summarize current state provisions

- re: staff:child ratios, they urge each state to "consider its own circumstances in balancing the consideration of cost against the safety, health and programs for children and impact on staff" (DHSS, 1985, p. 53).

A federal government program which has had considerable influence in developing and organizing family day care providers into day care systems has been the Federal Child Care Food Program run by the Food and Nutrition Service of the Department of Agriculture. Besides reimbursing providers for food costs, they offer training programs and technical assistance to providers and monitor the homes to ensure general quality care.

The federal government has also taken a significant role in staff training, and research and demonstration projects. In 1981 Grotberg reported that the

government had funded 3,664 projects, costing $357.1 million for child care. The projects have included applied research, demonstrations, basic research, support and utilization of research, policy research, evaluation research, and social data analysis.

One of the largest projects in relation to family day care was the National Home Day Care Study (Fosburg, 1981). The Administration of Children, Youth and Families conducted a four year study on family day care (contracted out to independent consulting firms - ABT Associates, Inc., Cambridge, Mass.; Centre for Systems and Program Development, Inc., Washington, and SRI International, California) which was reported in seven volumes (Fosburg et al, 1981; Singer et al; 1980; Stallings et al, 1980; Davison et al, 1980; Grasso & Fosburg, 1980; Millett et al, 1980; Divine-Hawkins, 1981).

In addition, the federal government has produced handbooks - Family Day Care (ACYF, 1985) which describes family day care and gives advice to parents, caregivers and agencies, and a Parent's Guide to Day Care (Centre for Systems and Program Development, 1980). As well, the ACYF has contributed substantial funds to the state, municipal, and community programs for training and research.

State Government. The state governments have three principal functions in relation to child care: regulations (including setting standards and enforcement), staff development and leadership (Orton & Langham, 1980). While the federal government's power for regulating quality rests on fiscal power, the states get their power from their responsibility for the welfare of their citizens. Where federal standards are prerequisites for funding, state standards are prerequisites for operation (Orton & Langham, 1980).

Regulation of family daycare is the states' responsibility and is expected to reflect differences from state to state in economic, social and legal conditions. It takes the following two forms:

- licensing, which "constitutes formal permission by the designated state or local authority to an individual to provide child care. The state agency has the authority to set standards, make inspections to make sure standards are met, set procedures for revoking a license, and establish appeal mechanisms" (Fosburg, 1981).

- registration, which stresses caregiver self-inspection and consumer awareness. "The caregiver herself is responsible for determining whether or not she meets applicable standards and for securing the necessary health and safety inspection. Instructions and procedures for this self-review are typically mailed to the caregiver by the registering agency or government. Upon receipt of the completed information package by the agency, the family day care home is considered registered and has permission to operate. Inspections are not usually made unless a complaint is made. Sometimes parents are given a copy of the regulations" (Fosburg, 1981).

A National Comparative Licensing Study was conducted by the Administration of Children, Youth and Families (1982; Young & Zigler, 1986) which indicated the following state practices with regard to regulation of family day care. See Table 2.2 on the following page.

Forty-four states regulate family day care homes and fourteen states regulate group family day care homes. Eleven states comply with FIDCR for staff: child ratios. Twenty-two states allow one adult to care for six children without limitations on the numbers of infants or toddlers allowed. The range of the maximum number of children (including provider's own) is from 4 to 16. Half of the states allow a maximum of 6 children. Five states require caregivers to have had some specific training. Ten states require programming in family day care homes which meet FIDCR standards.

The minimum age required for caregivers ranges from 14 to 21; thirteen states have no age requirement. Thirteen states require some education, but none beyond high school diploma, and one state requires previous experience.

The responsibility in most states for the mechanisms of regulating is assigned to the state welfare or social services department, which then relies on the licensing staff from either state or county offices to inspect facilities for compliance.

The National Home Day Care Study includes a description of three state variations in the regulation process (Texas, Pennsylvania and California).

Texas changed from a licensing to a registration system in 1975. The Day Care Licensing Division of the Department of Human Resources (which also administers social services and child welfare) is responsible for all registering under the Child Care Licensing Act. There is only one organized family day care system in the state; the majority of the subsidized care is in centres, and most of the registered family day care is informal and unaffiliated in any way with the formal day care community.

TABLE 2.2

FAMILY DAY CARE CHARACTERISTICS [1]

	GROUP COMPOSITION	STAFF TRAINING IN CHILD CARE		PROGRAM OF CARE FOR INFANTS/TODDLERS
FIDCR	1:5 staff child ratio with no more than 2 children under 2 yrs. old; 1:3 if all children under 2 yrs. old; 1:6 if all children 2-3 yrs. old.	Specialized training in child care.		Developmentally appropriate activities which promote social, emotional, intellectual, physical development.
STATES		**DIRECTOR**	**CAREGIVER**	**MEETS FIDCR**
Albama	1:6	Yes	No	*
Alaska	1:8; 2 under 2 yrs old	No	No	Yes
Arizona	No Regulations	*	*	*
Arkansas	1:6; 3 under 2½ yrs. old	No	No	Yes
California	1:6; 2 under 2 yrs. old	No	No	*
Colorado	1:4 for 0-2½ yrs old 1:3 if under 1 yr. old	Yes	Yes	No
Connecticut	1:5; 1 under 2 yrs. old	No	No	No
Delaware	1:3; infants	No	No	*
Florida	1:5 pre-schoolers	No	No	No
Georgia	1:3; 3 or more under 2½ yrs. old	No	No	No
Hiawaii	1:5; 2 under 2 yrs. old	No	No	*
Idaho	1:5	No	No	No
Illinois	1:8; 2 under 2 yrs. old	No	No	Yes
Indiana	1:6	No	No	*
Iowa	1:6; 4 under 2 yrs. old	No	No	*
Kansas	1:6 with 1 infant 1:5 with 2 infants	No	No	*
Kentucky	1:6	No	No	Yes
Louisiana	No Regulations	*	*	*
Maine	No Regulations	*	*	*
Maryland	1:4	No	No	*
Massachusets	1:3 with 3 or more under 2 yrs. old	Yes	Yes	*
Michigan	1:6; 2 under 1 yr.	No	No	*
Minnesota	1:5 1:4 infants	No	No	Yes
Mississippi	*	No	No	No
Missouri	1:6	No	No	*
Montana	1:6; 2 under 2 yrs. old	No	No	*
Nebraska	1:8; 2 under 18 mos. 1:4 infants	No	No	No
Nevada	1:6	No	Yes	Yes
New Hamoshire	1:6; 2 under 2½ yrs. old 1:4 infants	No	No	No
New Jersey	No Regulations	*	*	*
New Mexico	No Regulations	*	*	*
New York	1:6; 2 under 2 yrs. old	No	No	*
N. Carolina	1:6	No	No	*
N. Dakota	1:6; 3 under 2 yrs. old 1:4 infants	No	No	*
Ohio	No Regulations	*	*	*
Oklahoma	1:5	No	No	Yes
Oregon	1:5; 2 under 2 yrs old	No	No	*
Pennsylvania	1:6; 4 under 3 yrs old	No	No	No
Rhode Island	*	No	No	No
S. Carolina	1:3	No	No	Yes
S. Dakota	1:4; 0-3 yrs. old	No	No	*
Tennessee	1:7 1:4; 0-2 yrs. old	No	No	No
Texas	1:4 infants 1:6 2 infants	No	No	*
Utah	1:6; 2 under 2 yrs old	No	No	No
Vermont	1:2 infants 1:6; 2 under 2 yrs. old	No	No	Yes
Virginia	1:4 infants 1:6; 2 under 2 yrs old	No	No	*
Washington	*	Yes	No	No
West Virginia	1:6; 2 under 2 yrs old	No	No	No
Wisconsin	1:3 infants 1:4; all under 2½ yrs old 1:5; 3 under 2½ yrs old	Yes	Yes	Yes
Wyoming	1:6; 3 under 2 yrs. old	Yes	Yes	*

[1] Information from Comparative Licensing Study
* Not specified.

The change to registration has dramatically increased the numbers of registered providers and lowered the costs.

In Pennsylvania, the Department of Public Welfare, of the Bureau of Child Development licenses all family day care homes through regional offices. The licensing includes an initial home inspection and annual visits. All subsidized family day care operates in agency-affiliated homes (day care systems) and licensing is carried out through the agency (as a delegate of the state). In independent homes, the licensing is carried out by the regional staff, and they receive little other attention. The affiliated caregivers are all offered training and are seen as less isolated. Most of the subsidized care in the state is in centres.

In California, in 1976, Governor Brown bought out the federal money from Title XX, and replaced it with state funds, which then enabled him to develop an alternative child care program, using only state regulations (California, Governor's Advisory Committee on Child Care Programs, 1980). He put ten million dollars, which had been promised to expand Children's Centres by the Department of Education into innovative and more cost-effective child care. The Program included a variety of services such as vouchers, family day care systems, and child care resource and referral agencies, of which there are now 50 in California. Licensing of all family day care homes is the responsibility of the State Health and Welfare Agency.

Massachusetts (McDonald, 1987), like Texas, also changed from a licensing system of family day care to registration in 1974, after licensing homes for five years. As a result, they also significantly increased the numbers of regulated family day care homes, from 862 in 1974 to 9,164 in 1987. Currently, as McDonald reported at the International Family Child Care Conference in Wales, they are returning to a licensing procedure because of concern about quality of care. They are requiring that all homes have a pre-licensing visit, with monthly orientation sessions for individuals who are interested in becoming licensed. The largest majority of the providers are paid by the parents of the children in their care. Providers set their own fees, payment schedules and payment policies around vacation and sick-time. Other forms of payment used in the state are voucher or system programs. In the voucher program, the provider is paid an hourly fee set by the Department of Social Services, a state agency separate from the Office For Children (which licenses family day care homes), to care for children who for reasons related to family income or needs, fall under the Department's jurisdiction. The provider receives a cheque from the state and has no control over the amount of fee or policies regarding payment. The family day care systems operating in the state provide either an individual contract to providers, or they are hired as staff members to care for children in their homes. The providers receive payments from the system and in some cases the system offers employee benefits to its providers which can include paid vacations, sick time, and holidays. Systems also provide consultation and training for their providers.

The literature includes descriptions of provider training programs in New Hampshire (McDonnell & Federer, 1982), Michigan (Smock & Kaplan, 1982) and

Rhode Island (Goldsmith, 1979). As well a number of states have reported on research and demonstration projects, needs assessments and program evaluations (Virginia:Flint, 1986; Alaska: Smiley, 1985; Minneapolis: Stokesbary, 1981; Massachusetts: Adlin, 1985; Hawaii: Hawaii State Dept. of Education, 1985; Wisconsin: Edie, 1984).

Municipal and Local Government. Cities and counties bear the bulk of the responsibility for inspecting day care facilities for safe, physical environments, through the local fire marshals and health and zoning departments. Some cities and counties provide funding, contributing to the 25% local match required by federal funding regulations (Orton & Langham, 1980). But most local governments have relied on state and private organizations to provide services for children and families.

Municipalities and counties have also contributed to provider training programs, research and demonstration projects, needs assessments and program evaluations (Ramsey County, Minneapolis:Kilmer, 1979; Washington County, Maine: Bell, 1982; Worcester, Mass.:Delgado & Montalvo, 1979; Dane County, Wisconsin: Levy et al, 1986; Caspar City, Wyoming: Majied, 1983; Hennepin County, Maine: Scoll & Engstrom, 1985; Ramsey County, Minneapolis: Popplewell & Winget, 1980).

C. Community Organizations

As major cutbacks have occurred in government funding, there has been an increase in the involvement of voluntary and community organizations in providing training, advocacy and support services for family day care providers.

A number of national organizations have been involved in the following ways:

The Child Care Employee Project (Whitebook, 1985) produced a handbook of advocacy for child care providers called Comparable Worth.

The National Association for the Education of Young Children (Ad Hoc Day Care Coalition, 1985) did a report on the crisis in infant toddler care, and has also developed accreditation standards for providers, a CDA credentialling program (NAEYC, 1984), and has developed a teaching guide for providers, both in business information and in relation to children and parents (Squibb, 1980).

The Children's Defense Fund (Diamond, 1982) developed an advocacy handbook, as has the National Council of Churches (Freeman, 1986).

The Child Welfare League of America (1984) has developed model standards for child care facilities, including family daycare.

The Children's Foundation (1984) has begun a Family Day Care Development and Training Project which provides training for family day care providers, technical assistance and other resources for trainers and child care specialists,

and provides a national resource clearinghouse to make information and materials available to family day care providers and to link family day care to other child related fields.

Universities and Colleges have been active in providing training programs for providers (Spence & Adams, 1980; McClain, 1981; Cryer et al, 1985; Rose, 1985; Harmon, 1985; Taylor, 1984; Oertli & Taylor, 1985).

Non-profit community organizations (Treadwell, 1980; Copeland & Roach, 1986; private commercial organizations (Copeland & Roach, 1986), and corporations (Fisher, 1982; Norlander, 1985; Levine, 1982) have all become involved in providing information and referral services to family day care providers and parents. These information and referral services usually include matching services, technical assistance, training, and toy and equipment lending libraries (Levine, 1982). Norlander (1985) reports that there are 300 such employer supported Child Care Information and Referral Services in New York State.

Benson (1986) describes two community organization programs:

- The Family Day Care Home Delivery System was created by the Foundation Center for Phenomenological Research in Sacramento,California. It locates family day care homes in rural farm labor compounds and gives providers 24 hours of child development training weekly in their homes. Montessori training as well as access to nutritionists and family nurse-practitioners are provided.

- The United Way Program in Seattle, Washington has a toy and book lending library van which takes educational materials and training classes to day care homes in the city and isolated providers in rural areas. It also provides a teaching assistant to stay with children while providers attend training courses.

D. Parental Involvement

The major focus of parental involvement in family day care is on enabling parents to be wise consumers of child care (Bradbard & Endsley, 1980). The goal is to help parents to be aware of what quality family day care is, of what they can expect, how to negotiate with a provider, what they can expect to pay, and how to avoid child care situations which might lead to abuse of their child. Professional organizations and the referral and resource agencies are active in the education of parents to choose quality care, and parents are joining together to speak locally and nationally for better care for their children (Benson, 1986).

In order to understand the needs and wishes of the consumer/parent, a number of parent preference studies have been carried out. These studies, reported by Weinstein (1984), Wattenburg (1981) and Grotberg (1980) indicate that parents with infants who are seeking out of home care state an overwhelming preference

for family day care. The tendency is to prefer family day care until children are three, then centre care. There would appear to be a resistance of parents of all income levels to government regulations of family day care, especially if it increases the cost. In the National Child Care Consumer Study, as reported by Wattenburg (1981) only 25% of parents would consider having tax dollars spent on regulatory activities, and only those related to safety, cleanliness and nutrition. "Substantially parents support a position which favours reliance on their intuitive judgement concerning the suitability of child care of their children." Grotberg (1980) reported that the users of family day care were less favorable to regulation than the users of day care centres, and that there was a lack of interest in spending daycare funds on monitoring activities.

A number of the Child Care Resource and Referral Centres have been started by parent cooperatives. The San Francisco Child Care Switchboard and the Child Care Resource Centre in Cambridge, Massachusetts were both begun by parents who were users of family day care, both licensed and unlicensed. They were interested in facilitating child care arrangements for all parents. Their activities include:

- offering technical assistance to start, sustain and improve child care programs in the community
- gathering data for planning and advocacy purposes
- supporting groups of single parents
- providing a clearinghouse for people seeking jobs in the child care field.

E. Funding

The two major forms of direct federal government funding for child care in the past have been Title IV-A and Title XX of the Social Security Act. Under Title IV-A day care is a work related expense for working families on welfare and its cost can be deducted from a parent's income before determining the size of an Aid to Families and Dependent Children grant. Title XX funds are allocated for direct purchase of service for low and moderate income families in licensed or registered child care facilities. These two funding sources have been replaced with block grants for social services to the states. They are allocated on a matching basis - 75% federal, 25% state, local or privately donated funds (Ruopp & Travers, 1982).

Besides child care tax credits, there are a number of other federal government programs, which include funding for licensed child care. The Work Incentive Program provides funds for child care for mothers in training programs. The Child Care Food Program reimburses up to $1.86 (1986) per day per child to qualified family day care providers registered with sponsoring agencies.

The funding for many of the programs which are sponsored by community organizations come from a variety of fund raising activities, charitable donations, government and foundation grants.

Most of family day care costs are paid by parents. In unregulated family day care all of the fees are paid by parents, and Grotberg (1980) reported that the average fee per hour at that time was 50 cents. In subsidized family day care, parents pay 3/4 of the fee, and the average fee for regulated family day care was 67 cents per hour per child. The average monthly payment for regulated care was $132. and for unregulated care was $95.

F. Effectiveness of Service Model

The concerns expressed in the literature about family day care revolve around availability and quality. In relation to availability, Phillips (1986) states that the "nation's family demographics and trends affecting the child care market are heading for a collision course." It is expected that by 1990 well over half of all mothers with children under the age of six will be in the labour force, 55% of these with husbands present and 63% of single mothers. The most rapid increase in maternal employment is with children under the age of two (Phillips, 1986). However, there are a number of factors affecting the supply of child care provision, especially in family day care:

1. Because of the low status, low pay and poor support for caregivers, the turnover rate among caregivers is very high, one estimation being 50% during the first year of caregiving.

2. Zoning regulations enforced by municipalities are making it difficult in many residential neighborhoods for family day care providers (Norlander, 1986; Weinstein, 1984).

3. There is an increasing difficulty for providers to obtain liability insurance from insurance companies. It was reported in the 1982-83 hearings (Benson, 1986) that there was a dramatically reduced availability of liability insurance for providers, family day care homes and resource and referral agencies, that insurance is not being renewed, premiums have become prohibitive, coverage for child abuse claims is unavailable, and policies are being cancelled with little or no notice.

The concerns regarding quality of family day care revolve around the various methods that have been used to ensure quality--licensing, registering, development of standards, training and support.

Re: licensing and registration, the following problems were discussed.

1. Licensing is expensive and time consuming. Waiting periods for providers wishing to obtain licenses can take up to two years (Benson, 1986; Levine, 1982; Morgan, 1980). The expense to the provider of fees for the license or business permit and renovations to meet standards can be prohibitive (Benson, 1985).

2. The state licensing personnel are seen as frequently having little understanding and training regarding family day care, therefore discouraging providers from applying for licenses (Benson, 1985).

3. In at least the state of New York, there is a great deal of fragmentation with regard to the agencies licensing family day care. Frequently different agencies have contracts for licensing subsidized family day care, while state agencies license other non-subsidized family day care. A given family day care provider might have to comply with as many as four different licensing agencies (Norlander, 1986).

4. The child care resource and referral agencies are required to refer only to licensed family day care homes, because of liability concerns, so the problems with licensing are hindering their effectiveness.

5. While registering is increasing the supply of registered providers and making it possible for more providers to have access to support, training and federal funding, there is still concern regarding the lack of public accountability and invisibility of the registered family day care provider (McDonald, 1987).

Re: Standards:

1. The Model Child Care Standards Act is seen as having two major drawbacks: 1) it is cast in the framework of preventing child abuse, rather than promoting quality child care; and 2) there is a failure in it to assert the minimum standards of quality of care in areas (staff:child ratios, staff qualifications and staff training) where minimum standards have been empirically documented and accepted by the field (Phillips, 1986).

2. The state standards for licensing appear to be significantly lower in many instances than those held to be minimum standards nationally (Benson, 1985; Phillips, 1986; Zigler & Young, 1982).

3. Grotberg (1980) suggests that one of the major problems with enforcing standards is the confusion regarding the purpose of standards, and different philosophical positions regarding state day care standards.

Re: Training and Support

1. There has been a significant decrease in funding for training and support programs for caregivers (Benson, 1985).

2. The problem of low pay and low status of caregivers continues to be a serious problem related to the lack of sufficient training and support programs.

CHAPTER 16

CANADA

A. Status of Providers

There are three categories of providers in Canada (Cooke et al, 1986):

- private or informal unregulated providers, providing approximately 80% of child day care in Canada
- individual licensed or approved providers (five provinces and the two territories license or approve individual family day care homes)
- contract providers with a licensed or approved family day care agency (four provinces use an agency model; the agencies may be sponsored by local governments, private commercial or non-profit organizations).

Both regulated and unregulated providers are classified as self-employed. They are therefore not covered by employment standards and relevant labour legislation which regulates hours of work, rates of pay and employee benefits, including paid vacations and worker's compensation. They must provide for health insurance and pension plan contributions and cannot claim unemployment insurance. They must keep business records, file income tax returns and may deduct their operating expenses. Some providers with agencies in Ontario are exploring the advantages and disadvantages of unionization.

A Federal Task Force on Child Care (Cooke et al, 1986) reported that in 1984 the average wage of licensed providers was $3.30 per hour gross ($7722. annually) or $2.26 per hour net ($5288. annually). Many of the providers did not know what their income or expenses were because the incomes fluctuated so much from week to week and their per diem rate depended upon children's attendance. Ontario has recently changed its basis for pay of providers contracted with agencies from attendance to enrollment. This contributes significantly to stabilizing the income of providers when they are caring for subsidized children.

The Task Force also reported that unregulated providers had the same general situation as regulated providers but their per diem income tended to be lower. Also their expenses tended to be lower because they did not have to comply with the licensing standards. In a study carried out in 1977 of unregulated providers in Toronto (Johnson, 1979), fewer than half could think of any expenses they had; 42% provided food, 15% remembered buying toys and the average income for the 281 caregivers was $1268. annually. The average length of stay for a child with caregivers was 10 months, with the care being most often terminated by parents.

Unregulated providers form the largest single group in the child care delivery system, and tend to be a relatively invisible group. While there are provider associations across the country, they are largely comprised of regulated providers.

There have been a number of studies done on the characteristics of providers (Bouchard, 1982; Calzavara, 1983; Chenier, 1986; Doherty Social Planning Consultants, Ltd., 1987; Longwoods Research Group Ltd., 1981; Longwoods Research Group Ltd., 1982; Pepper & Stuart, 1985; Stuart & Pepper, 1985). These studies confirm the assumption that family day care is a neighborhood phenomenon and the characteristics of providers reflect the socioeconomic variations in neighborhoods in which they live and care for children.

In Quebec and Ontario there are province-wide associations which are primarily representing workers in family day care agencies, with a few provider and parent members. Recently, three local provider associations have developed in Ontario (Ottawa-Carleton In-Home Provider Association, 1984). In Manitoba there is a province-wide provider association, WATCH, of which over 90% of the licensed providers are members (Humphreys & Wylie, 1987), and in Saskatchewan there is a Family Day Care Providers Association. In Prince Edward Island, the Association for Early Childhood Education has become a support group for licensed providers (Rochon, personal communication, 1987).

The Canadian Day Care Advocacy Association, while it has historically advocated for centre care, is currently supporting the development of licensed family day care as a choice for parents. In their statement of what should be included in a comprehensive child care system, they included "supervised family home care for children aged 0 to 12. Families who prefer care in a home would have access to supervised and regulated arrangements with well-developed support systems. Supervised providers would be employees of organizations which provide training and support services and receive good wages and benefits. People who are now providing unregulated child care would be able to become supervised home care providers. Although it would not be required that all people providing child care in homes become supervised providers, all parents would have access to supervised care" (CDCAA, 1985).

B. Government Involvement

1. Federal Government.

The major role of the federal government in relation to child care is in funding child care services. Its power, therefore, is primarily fiscal and lies in its ability to make conditions on funding and grants. There is no national day care act or federal policy or guidelines related to day care. In December, 1987 a new federal child care strategy was announced which proposes a Canada Child Care Act. This proposed Act relates only to funding and not to standards, which are

seen as lying within provincial and territorial jurisdiction. It commits the government to "work with the provinces to ensure the development and implementation of the necessary standards for quality in a jointly funded child care system" (CDCAA, 1987).

Three Ministries are involved in day care issues: Health and Welfare, Finance and Status of Women.

In its minor role as coordinator of information regarding provincial policies and programs , the federal government funds a National Day Care Information Service which provides information on day care nationally, including an annual publication of statistics related to day care in Canada, Status of Day Care (Canada, Department of Health and Welfare, 1973 - 1986). Research grants have been provided to fund research to inform a government task force on day care (Cooke et al, 1986) and a Special Parliamentary Committee on Day Care (Canada, Special Committee on Child Care, 1987). Grants have also been provided for national organizations related to child day care: the Canadian Day Care Advocacy Association and the Canadian Child Day Care Federation.

In the new national strategy on child care (1987) it was announced that a $100 million Special Initiatives Fund will be administered by the Department of Health and Welfare for innovative research and demonstration projects as well as public awareness programs (CDCAA, 1987).

2. Provincial and Territorial Government.

The provincial and territorial governments have the primary responsibility for legislation, policy and delivery of child day care services. All provinces and territories have legislation, licensing standards and enforcement systems. In all provinces and territories except Newfoundland and Nova Scotia, the legislation includes regulations related to family day care.

Although family day care legislation is relatively recent compared to centre care legislation, Bates (1986) in one of the background papers for the Task Force on Child Care (Cooke, 1986) suggested that there was an increasing interest in family day care service as an alternative form of care, particularly for infants. Three of the provinces, Ontario, Manitoba and Prince Edward Island, have recently made policy statements and plans which move these provinces toward a more comprehensive, less welfare oriented system of child care, and include the provision of licensed family day care as a choice for parents (Government of Manitoba, 1986; Government of Manitoba, 1987; Government of Ontario, 1987; Rochon, Personal Correspondence, 1987).

Two of the provinces, Ontario and British Columbia have included in their policy and programs methods of supporting care in unregulated family day care. Ontario's policy framework for this support is expressed as a plan to enhance the natural networks in communities through support services such as drop-in centres and informal registries. In British Columbia parents are encouraged to take responsibility for the quality of care and the provincial government role is

seen as educating parents to make wise choices in a largely unregulated system of family day care (British Columbia, Ministry of Health, 1987; Personal communication with J. Pollard and D. Luchter, 1987).

2.1 REGULATION

In Canada, there are two distinct methods used by provinces of regulating family day care. Four provinces and two territories license or approve individual family day care homes, while three provinces license or approve agencies which are responsible for standards in the homes.

Individual family day care homes

Manitoba, Saskatchewan, British Columbia, New Brunswick, Prince Edward Island, the Yukon and North West Territories license or register individual family day care homes. The standards used are summarized in the following chart (Childcare Resource and Research Unit, 1987).

Figure 2.7 Provincial Regulations

Province	Home Capacity	Number of Children permitted without licence
Manitoba*	8 with licence no more than 5 under six; no more than 3 under 2	4
Saskatchewan (license)	8 with licence no more than 5 under 7	
Prince Edward Island* (license)	no more than 3 under 2, no more than 5 if age span is 0-6; no more than 6 if age span is 0 - 10	4
New Brunswick (register)	no more than 3 infants no more than 5 for ages 2-5; no more than 9 if children are over 6; no more than 6 if combination of 5 and under and at least one child 6 and over	--

British Columbia (register and license)	no more than 5 preschoolers and 2 school-age; no more than 2 under 24 mos; no more than 1 under 12 mos; unlicensed homes may be registered and eligible for subsidies.	2
North West Territories	no more than 6 (inc. own) no more than 3 under 3 no more than 2 under 2	2
Yukon	no more than 6 (inc. own)	4

* *Manitoba and Prince Edward Island have additional requirements for training providers. Manitoba can require training as a condition for licence renewal. PEI requires 30 hours of prelicense training and 30 hours of training every three years to maintain licence.*

Manitoba also licenses family group homes, where up to 12 children are cared for by two providers. Prince Edward Island had licensing for group homes but phased them out in their most recent Child Care Facilities Act (Prince Edward Island, 1987 a; Prince Edward Island, 1987 b). According to Humphreys (Humphreys & Wylie, 1987) Manitoba is also reviewing its legislation related to family group homes. While they were originally included in order to provide a flexible service for rural families, in fact all of the family group homes have been in urban centres. Concern about their similarity to for-profit centres, which the province does not fund, has lead to a review of the legislation.

In the provinces which license individual family day care homes, provincial social service offices (in British Columbia, the Ministry of Health) carry out the licensing and supervision. Examples of the process of licensing and supervision in Manitoba, Saskatchewan and Prince Edward Island are included.

In Manitoba, provincial consultants in the Department of Community Services inspect and support all regulated care. They are required to visit homes at least four times a year and can require training as a condition of license renewal, if they are concerned about some aspect of the service. The 20 consultants have the following tasks:

- licensing homes
- providing operating grants to eligible homes, and subsidies to families with need
- providing resource assistance to the licensed homes

- making parent referrals
- producing public information on family day care (Manitoba Community Services, 1986; Manitoba Community Services, 1987).

In Saskatchewan, there are six program consultants in the Saskatchewan Social Services who approve homes for licences and are required to inspect them at least once a year for compliance with health standards, and fire and safety regulations.

In Prince Edward Island, the regulated providers were originally attached to day care centres where they received regular consultation and support.

Agencies

The second method of regulations is through licensing agencies (Alberta Social Services, 1987; Quebec, 1985; PMA Consultant Group Ltd., 1983). In Ontario, Quebec,and Alberta, agencies are licensed to supervise family day care and are therefore responsible for approving homes, enforcing the regulations and providing supports.

In Ontario the regulations specify that the number of children in each provider's home must not exceed five under six years, two handicapped, two under two years, three under three years, one handicapped child and one under two years, one handicapped and two under three years. The agency must employ one full-time visitor for every twenty-five homes and home visitors are required to visit all homes at least once every three months. Qualifications for the home visitor include post-secondary education in child development or family studies and two years experience working with children. Agencies must also ensure that health and safety requirements are met, as well as having a plan for training of providers. Providers may not care for more than five children unless licensed to do so as a centre. If a provider wishes to care for subsidized children, she must be affiliated with an agency.

In Quebec the agencies are also licensed rather than individual homes, but the only clear guidelines for the homes are that they may not take more than four children, or nine children if there is an assistant. The agency applies to the province with a needs assessment of the community and a proposal for how it will supervise and support the day care homes. The agency must have a minimum number of homes, are restricted to a geographic boundary and operate as a discrete entity (separate from a day care centre or social agency, with separate administration and a committee with a majority of parents.) To be licensed the agencies must be either a cooperative association or a non-profit corporation.

Alberta licenses family day care homes as satellites of an agency. To be approved, the agency submits a proposal to the government, and if accepted has a contract with the government which must be renewed annually. The maximum number of children a provider may have is five, and no more than three under three. The agency must have a project coordinator who has knowledge of early

childhood education and appropriate skills for the job. Home Visitors must have practical knowledge of child development and the ability to supervise and train providers. A home visitor cannot supervise more than thirty-five homes. The project coordinator can supervise a maximum number of twenty homes, if the agency has less than forty-five homes; but only seven if the agency has more than forty-five homes.

There are variations in these provinces in the structures of the agencies supervising the family day care homes.

In Quebec, the agencies must have a non-profit or co-operative economic structure. The agencies are operated by municipal corporations, school boards, health or social service establishments, as well as independent non-profit community organizations and cooperatives.

In Ontario and Alberta, the agencies may be operated by municipal governments, commercial agencies or private non-profit agencies.
The agency programs tend to include provider recruitment and training, matching and placement of children, program supports, including home visits and group meetings, play groups, parent meetings, resources, including resource teachers, social workers, and toy and book lending libraries.

2.2 PROGRAMS

There have been a number of innovative programs developed by provincial governments for family day care.

In Prince Edward Island (McCormick & Watts, 1987; Rochon, 1986; Rochon, personal communication, 1987), the provincial social service department started a satellite family day care project with Canada Employment and Immigration Funding. They began with two early childhood education specialists who recruited family day care providers and linked them with day care centres which would provide training and supervision. They found twenty-four homes in rural areas which they linked with eight centres, and provided them with thirty hours of training at a community college. The homes were licensed by the province and received weekly visits by centre staff. The providers and children could participate fully in programs organized by the centres. While there is no longer a formal link between the centres and the providers, this beginning provided a solid basis for the new legislation on family day care which requires pre-licensing training and it has also given the providers a solid basis for professional association in the Association of Early Childhood Education.

British Columbia, in 1980 funded four demonstration Family Day Care Support Programs in Nelson, Abbotsford, Burnaby and Kelowna, to provide supports and training for both licensed and unregulated caregivers. These programs are currently being reduced and redirected to parent-as-consumer education programs (Personal communication with J. Pollard and D. Luchter, August, 1987).

In Ontario, in 1981, the Ministry of Community and Social Services began the Child Care Support Services for informal (unregulated) care providers (Doherty Social Planning Consultants, Ltd., 1987). The purpose of the initiative was to develop and provide ongoing funding for child care resource centres which would offer information, consumer education, support services and consultation to caregives, parents and children in the informal child care system. The specific objectives of the programs were:

- to increase the availability of appropriate information to providers of informal care
- to set up support services to benefit children receiving care in the informal system
- to encourage networking among caregivers for purposes of mutual support and skill development
- to develop information on existing child care services

  to ease parents' access to child care services and to help evaluate the quality of the services.

Program components include child care registries (including information about both licensed and unlicensed care), toy lending libraries, drop-in centres for parents and caregivers to meet informally, playgroups, emergency care, and cooperative caregiver networks. The programs have been evaluated and a report published (Doherty Social Planning Consultants Ltd., 1987).

Ontario has also established a Flexible Services Development Project to address the needs of rural and isolated, shift work and emergency situations (Abramovitch, 1987; Ontario Ministry of Community and Social Services, 1988).

Manitoba and Prince Edward Island are both involved in developing competency based guidelines for assessing family day care homes and training providers in relation to the competencies needed (Manitoba, 1986a; Manitoba, 1986c; Manitoba, 1987; Rochon, personal communication, 1987).

Saskatchewan has also been involved in working with the Family Day Care Home Association to develop a training program for providers.

3. Municipal Government.

The municipal government is involved in the administration and funding of child day care in two provinces, Ontario and Alberta. In Alberta (Alberta Social Services, 1986) family day care began as a municipal program and remained as such until 1981 when the province introduced the Satellite Family Day Home Program. The municipalities continue to operate before and after school programs, and Calgary continues to administer a family day home program which is attached to a day care centre.

In Ontario (Toronto, 1986), the administration of social services generally and day care subsidies in particular is delegated to local governments by the province. It is thought that the local government is in a better position to assess local needs, plan programs and establish priorities. Municipal governments can either operate their own centres or private home day care agencies or can enter into purchase of service agreements with independent operators or agencies. In 1983, 18 of the 39 private home day care agencies in Ontario were operated by municipalities. They tended to be larger in size than other agencies, with 12 of the 18 serving more than 75 children (PMA, 1983). Currently there are 79 private home day care agencies. The municipalities are required to contribute 20% to the Canada Assistance Plan subsidies (province - 30%, federal - 50%).

C. Community Involvement

In the provinces which have licensed agencies or satellite systems relating to agencies, many of the agencies are non-profit organizations with a community board. In Ontario, 14 out of the 39 agencies are non-profit community organizations. In Ontario and Alberta, commercial operations may run agencies, but not in Quebec. The Child Care Support Services in Ontario for informal caregivers are all non-profit organizations with a community board. In Ontario, the policy directions outlined in the New Directions for Day Care in Ontario (1987) include a commitment to developing partnerships with community agencies for the provision of child day care. The funding base for these agencies includes community fundraising, foundations, grants, donations.

There are two national organizations which are involved with professional development and advocacy in relation to family day care, the Canadian Day Care Advocacy Association and the Canadian Child Day Care Federation.

A number of colleges and universities have been involved in developing training programs for providers through distance education, for example, correspondence courses, or continuing education modes.

D. Parental Involvement

Parents using unregulated family day care tend to be seen as consumers purchasing care. Parent preference studies have been carried out, both in order to understand the parental/consumer choices, and to gather data to support those lobbying for more regulated care.

In relation to unregulated care, parents have the total responsibility for the monitoring, supervising and paying for day care arrangements. The British Columbia government also sees parents as having this responsibility for day care

arrangements which are publicly funded. In a memo which was sent to all day care personnel, the Ministry of Human Resources in B.C. stated that "Parents are required to select and assess their day care arrangement. Parents are also to be made aware that they have a responsibility to monitor the quality of services provided and to ensure that it meets the needs of the children...Parents requiring subsidy for unlicensed family day care or in-home care must complete a checklist prior to subsidy being approved. Return of the completed checklist will constitute approval of the unlicensed day care resource..." (British Columbia, 1987).

In Quebec, all boards of agencies providing family day care are required to have a parent component. Of the 116 Child Care Support Services in Ontario, 52 have parents on their boards. While there is a tendency in the subsidy system to see parents as clients rather than decision-makers, there is also a general movement toward parental involvement in decision-making in agencies providing family day care.

E. Funding

There are four funding measures used by the federal government for child day care:

- Child care expense deduction on income tax
- Canada Assistance Plan, a cost-sharing plan with provinces for subsidizing child care for low and moderate income families based on income or means tests
- Child care subsidies for those taking training courses sponsored by Employment and Immigration Canada
- Contribution by Indian and Northern Affairs to child care programs

There are no federal conditions related to the nature or quality of day care in the Child Care Expense Deduction or the Canadian Employment and Immigration subsidies. This portion of the money, which is by far the largest federal contribution, is used primarily by parents to pay for unregulated care, since approximately 80% of children in care are in unregulated arrangements.

The Canada Assistance Plan (Canada Assistance Plan Act, 1966) cost-shares subsidies for families who are "in need" or "likely to become in need". The cost-sharing is on a 50/50 basis with the provinces and territories. All legislation and policies regarding quality of care, eligibility for assistance, level of subsidy, and number of subsidized spaces are determined by the provincial and territorial governments.

The new federal government strategy announced in December, 1987 (CDCAA, 1987) proposes a three part funding initiative:

1. tax measures designed to recognize parental choice, including an increased Child Care Expense Deduction and a Child Tax Credit

2. child care special initiatives fund available for innovative research and demonstration projects as well as public awareness programs

3. a new federal-provincial cost-sharing program which will have the following components:

   - replacement of the existing day care provisions in the Canada Assistance Plan

   - expansion to an additional 200,000 spaces over 7 years

   - each provincial allotment (negotiated with the federal government) can be used to cost-share:

     - subsidies to low-income parents (to replace the federal portion of CAP subsidies)

     - capital funding to the non-profit sector, with the federal portion at 75% of the total grant and the provincial-territorial portion at 25%

     - cost-sharing of provincial and territorial operating expenses of both profit and non-profit child care facilities.

The provinces provide financial support through five measures:

- tax relief

- subsidized care (cost-shared 50/50 with federal government) for low-income families

- operating grants

- grants for start-up and repairs

- grants for special needs children.

All of the provinces with regulations regarding family day care permit subsidies to be used in family day care homes.
Saskatchewan, Manitoba and Prince Edward Island provide direct operating grants for family day care homes. Saskatchewan provides an annual equipment grant per space and a start-up grant for each new licensed family day care home. Manitoba provides an annual maintenance and audit grant per space and an additional daily operating grant for infants and for children with disabilities. Prince Edward Island gives an annual flat rate per home as well as an annual

Infant Incentive Grant. Quebec provides operating grants to agencies of a set amount per space per day and an additional amount per space annually for infant care. Ontario is currently committed to providing direct operating grants to family day care agencies.

Parents pay all costs in unregulated family day care. The majority of parents receiving care in regulated family day care receive subsidies, the amount being determined by income testing in all provinces except Ontario, which is currently planning a move from needs testing to income testing. The amount of subsidy and the cutoff point for receiving subsidy varies considerably from province to province.

The table on the next page indicates the comparable fees in dollars per year in family day care and centre-based care in each province where figures are available (Child Care Resource and Research Unit, 1987).

As can be seen from the chart the fees for family day care are similar to those for centre-based care. In Alberta the fees for infants and preschoolers in family day care are slightly higher than in centre care. In Saskatchewan, the fees are higher for preschoolers in family day care, but slightly less for toddlers.

In Manitoba, the Yukon, Quebec and Nova Scotia family day care fees are slightly lower. In Prince Edward Island and British Columbia, the fees in family day care are only approximately 2/3 of fees in centre care.

F. Effectiveness of Service Model

The following issues are discussed in the literature in relation to family day care:

1. How to and whether to monitor the quality of care in unregulated family day care. On the one hand there is support for the belief that the responsibility for monitoring care lies with the parents. On the other hand, there is much concern expressed about the quality of care and support for the position that there is public responsibility for regulating the care (Cooke et al, 1986). Currently, parents are entirely responsible and may have difficulty finding the time to check on the care. Parents who responded to the Task Force inquiries, frequently said that it was hard for them to find arrangements and that it was a long-time consuming process which usually had to be repeated several times for a given child.

2. Availability of care. There is indication that availability of care seems to be a problem both in regulated and unregulated family day care. The Task Force on Child Care (Cooke et al, 1986) suggested that fewer than half of the parents reported using their preferred form of care. The majority preferred licensed care; few knew about licensed family day care.

TABLE 2.3: FEES IN FAMILY DAY CARE

	CENTRE-BASED CARE			FAMILY DAY CARE		
	INFANTS $	TODDLERS $	PRESCHOOL $	INFANTS $	TODDLERS $	PRESCHOOL $
YUKON	4200	—	3600	—	3300	—
BRITISH COLUMBIA	—	5647	3736	4050	3907	—
ALBERTA	3480	—	3508	3879	—	3623
SASKATCHEWAN	—	4392	3946	—	4078	3864
MANITOBA	3579	—	3185	3068	—	3014
QUEBEC	3736	—	3565	3155	—	3223
NEW BRUNSWICK	2796	—	2709	—	—	—
NOVA SCOTIA	3365	—	3394	3337	—	3166
PRINCE EDWARD ISLAND	3109	—	3171	2310	—	2596

Agencies in Ontario have difficulty finding qualified caregivers in reasonable proximity to the parent's homes. The Child Care Support Services have reported having difficulty attracting unregulated providers to their programs. On the other hand, Prince Edward Island, Saskatchewan and Manitoba expressed no difficulties in finding providers. Rochon (Personal communication, 1987) in Prince Edward Island stated that they had no trouble finding all the well qualified providers they could use, partly because of high unemployment rates, but also because there were many women who were well educated in child development who preferred to do this work. There seems to be a particular problem in availability of care for infants and school-aged children. Child day care advocates are concerned that the new federal government strategy, by putting the majority of the funding into tax credits and deductions for parents, is not increasing the amount of care available.

There have been three major studies done providing some indication of the kinds of child care which parents prefer for their children (Lero, 1986; Johnson, 1979; Stevens, 1984).

One of the studies is a national one carried out by the National Day Care Research Network on 336 families in rural and urban settings over eight provinces and using indepth interviews and qualitative analyses (Lero et al, 1986). This is a preliminary study to a more intensive study using a larger representative sample from across the country. The other two studies are localized, one in Winnipeg using 2,202 parents (Stevens, 1984) and one in Toronto using 281 parents (Johnson, 1979).

The national study indicated that both urban and rural parents who were employed full time preferred formal, licensed centre care for infants (41.5%). Rural parents preferred parental care for preschoolers (36.8%) and urban parents preferred centre care for preschoolers (41.2%) Both urban and rural parents preferred centre care for school aged children (30.2%).

The government actions that parents stated they would like to see were:

- funding community-based information and referral services
- having a monitoring system to check on caregivers
- training programs for caregivers.

Standards for care in the child's home were thought desirable by 79.2% of the parents and 82.4% of the parents wanted standards for care in providers' homes. Lero (1986) suggested that parents were "reflecting the concern they feel about the lack of any means (other than parental discretion and parental monitoring) to ensure that individual caregivers who are strangers to them initially will provide the quality of care they and their children need." (Lero, p. 101) In this study it would appear that parents nationally have little knowledge of the availability of licensed family day care as an option.

Johnson's study of Toronto parents found that 48.8% preferred centre care, although only 10% were using it. Eighty percent preferred centre care for three to five year old, and 70% preferred home care for one-year old. The users of unlicensed family day care providers were the least satisfied (Johnson, 1979).

Stevens (1984) found that 54% of parents of children under three preferred some form of licensed care (21% licensed day care homes and 33% licensed day care centres). For children aged three to five, 74% preferred licensed care (59% in centres and 15% in day care homes). In-home-care was preferred for children under three by 58% of parents (37% unlicensed, and 21% licensed) and centre care was preferred for children aged three to five by 59% of parents.

A study which was funded in Ontario by the Ministry of Community and Social Services (1983) of the private home day care agencies included interviews with 100 parents who were using private home day care. These parents preferred day care centres for three to five year old primarily because of cognitive development and peer interactions. They preferred private home day care for one-year old, because there were fewer children, a homelike atmosphere, and the homes were supervised.

> "The crisis in access to good child care is deepening for most families. Those families that qualify for a subsidy may be unable to find place for their children. These families, along with the vast majority of middle-income families who do not qualify for subsidized care and cannot afford child care in licensed centres, must opt for informal, private arrangements. As these arrangements become more and more scarce due to rising labour force participation by women in all age groups, the quality of available informal arrangements, will continue to decline (Cooke et al, 1986, p. 209).

3. Affordability vs. decent wages and supports for providers in a system which largely depends upon parent fees.

   "The methods by which child care services are financed in Canada place good quality licensed services beyond the means of most parents." (Cooke et al, 1986, p. 209). The parents therefore turn to the unlicensed market to find child care services and limited financial resources for paying for child care result in unregulated caregivers working largely for compassion and receiving less than minimum wages.

4. Whether it is better to license agencies or individual providers. Ontario and Manitoba as two provinces with similar commitments to comprehensive child care plans are in a unique position to study the effectiveness of the two methods of licensing used in Canada.

CHAPTER 17

OTHER COUNTRIES

In Socialist countries, e.g. Cuba, Czechoslovakia, Hungary, U.S.S.R., and China, all child care is provided in centres and is free to parents. It also tends to be provided under one Ministry. The purpose of providing child care is usually stated in terms of two objectives:

- providing equal opportunities in the labour force for women, and
- equality of socialization opportunities for children.

As stated by the Czechoslovakian government (Third Research Group, 1986), the purpose of child day care is to "allow mothers to become involved in the life of society, to implement and develop their abilities and interests and enable their successful self-realization. They [child day care centres] liberate the women's labour force, and allow the efficient use of the women's education and specialized qualifications, thereby meeting an important societal need." The child care also provides "the all round harmonious development of children in accordance with their age, optimally and purposefully develops the personality of the child, and regulates its socialization process and forms the prerequisites necessary for successful incorporation into the formal education process."

Family day care is not used as part of the provision of care in these countries because it is seen as exploitative of women and as socializing children in traditional family roles rather than egalitarian ones (Czechoslovakia, Third Research Group, 1986; Kammerman, 1980; Turgonyi, 1977).

Other technologically advanced countries which have no formal system of family day care, have different child care policies related to that decision. Writers about the child care and education systems in Japan describe the strong commitment of the Japanese family, and especially mothers, to care for children at home until they reach school age at least and preferably during the school years. If the mother has to work, because of unfortunate circumstances, the alternative is day nurseries. The concept of a substitute mother, as opposed to a group experience, does not appear to be acceptable or desirable (Hendry, 1986; Stevenson et al., 1986).

Israel has a larger participation of women in the labour force, but is concentrating its efforts on the development of day care centres, beginning in infancy, to be operated by municipal governments or public organizations. In-home care or family day care is a private arrangement used by parents but not formally regulated (Israel Ministry of Immigrant Absorption, 1985; Pincus, 1976).

There are a number of interesting developments in family day care in Third World Countries, which are just beginning to deal with the need for any form of formal day care provision.

Dr. San Pheng Liew from Malaysia gave a very moving presentation on developments in family day care at the International Family Child Care Conference in Wales, 1987. The demand for professional child care is a very recent phenomenon in Malaysia. Traditionally in rural areas husbands and wives work together in the paddy fields planting rice or in the rubber estates tapping rubber. Relatives at home have tended the children. In the urban areas with increasing urbanization and industrialization, women have entered the labour force in great numbers and the nuclear family has become the norm. The need for non-relative care has therefore increased. Studies indicated some serious abusive situations as well as the prevalence of children being sent back to grandparents in rural areas with the parents seeing them only occasionally. In order to deal with these problems, a child care survey was carried out in 1983 by UNICEF which documented many situations of concern in child care. In response to this the Government passed The Child Care Centres Act in 1984 which requires that child care centres (i.e. any premises where four or more children under the age of four from more than one household are cared for, for reward) has to be registered with the Ministry of Welfare Services. Any provider has to be trained before she can be registered and provide care.

At the same time an Alternative Child Care Project was undertaken by the Ministry of Welfare Services, and funded by UNICEF and the Bernard Van Leer Foundation, to develop a curriculum for pre-service training of providers. The master trainers for this project are selected from trained providers who have had considerable experience. The training lasts a month after which the provider receives a certificate from the Ministry of Welfare Services. During the training the trainees are attached to various registered child care providers for at least 25% of the training time. There is also an effort to train parents to be discerning users of the child care services and a training package for parent education is being developed by the Ministry of Welfare Services.

In India, as in Malaysia, care of children has traditionally been a family responsibility in an extended family context. However, with the increase in number of women working (1971 to 1981 there was an increase of 45%), migration to cities, industrialization and nuclear families becoming the norm, the need for child care has arisen as a major concern. There has been particular concern about the low literacy rate of women, related to the need to keep young girls home from school at an early age to care for younger siblings. Unregulated family day care is the most common form of care given, and both the government and the voluntary sector are looking at ways of providing supports and training for family day care providers. The current plan is to connect the training of providers with the training of workers in other preschool programs in India - playgroups, nursery schools, and Integrated Child Development Scheme anganwadis [programs similar to Head Start programs in the United States] (Thakkar, 1987).

The High/Scope Foundation in Ypsilanti, Michigan (DeRuesta, 1979) has been involved in starting a family day care scheme and evaluating it in Caracas, Venezuela.

Organized and/or regulated family day care in developing countries has to be a bridge between the traditional use of extended families to provide shared care and the development of a child day care profession which assists urbanized, nuclear families in taking responsibility and concern for the quality and availability of hsared child day care.

PART 3

RESEARCH ON VALUE OF FAMILY DAY CARE

A. Introduction

Many assumptions are made in the literature by professionals, policy-makers and parents regarding the value of family day care as opposed to centre care for specific populations of children and families.

These assumptions can be divided into two general areas:

- the effects of family day care vs. centre-based care on children's emotional, social, cognitive, language and physical/health development
- the value of family day care for meeting the needs of families, including:
  - the greater flexibility of family day care to meet the day care needs of families which differ from a full-day, 7 a.m. to 6 p.m., Monday to Friday, 52 weeks a year
  - the effects on family functioning of family day care as a natural, neighborhood support system
  - lower costs of family day care.

The following discussion will state, in the form of hypotheses, the assumptions found in the literature, and then will examine the existing research data to support or refute the hypotheses.

B. Hypotheses

Listed below are the hypotheses related to effects on children's development and effects on families. A detailed discussion of each of these hypotheses follows in section C and D.

<u>Effects on Children's Development</u>

1. Children in family day care receive more individual attention from adults than children in centre-based care.
2. Since infants, toddlers, and children with special needs require more individual attention by a parent or someone as similar to a parent as

possible in order to develop optimally in social/emotional and language areas, these children will therefore develop (in social/emotional and language areas) best in care at home with parents, next best in family day care and least in centre-based care.

3. Cognitive development is enhanced by trained early childhood educators, and therefore children in centre care will perform better on cognitive measures than children in family day care with untrained providers.

4. Family day care exposes children to fewer illnesses than group care, resulting in improved health.

Effects on Families

1. Family day care is able to be more flexible than centre-based care for school-aged children, children who live in rural areas, as well as for children whose parents work part-time, shift work or on a seasonal basis.

2. Family day care is better able than centre-based care to provide a natural support for parents/families.

3. Family day care is more culturally sensitive than centre-based care.

4. The cost of family day care is less than centre-based care.

C. Effects on Children's Development

In the late 1970's and early 1980's researchers who were exploring the effects of centre-based child day care on the development of young children (See Rutter, 1978; Belsky and Steinberg, 1978, and Esbenson, 1986 for reviews of this research), began to also look at the effects of family day care and to compare it to centre-based care. The research is limited in scope and has many methodological problems. The major problem is inappropriate generalization on the basis of very small numbers of family day care homes with little detailed description of qualifications of providers, regulatory status or socioeconomic status. As our awareness increases of the differences in family day care between countries, it becomes obvious that generalizations based on research from one country are inappropriate. However, what research there is gives some data to lend support, or not, to some commonly held assumptions (stated as hypotheses).

Hypothesis No. 1. Children in family day care receive more individual attention from adults than children in centre-based care.

Cochran (1977) compared children aged 12 to 18 months in family day care (See description of family day care in Sweden, Part 2, Chapter 2), home care (at home with parents),and centre-based care in Sweden. He found that there was more interaction with caregivers in both home care and family day care than in centres.

Tyler and Dittman (1980) compared 25 toddlers with a mean age of 18 months in family day care (unknown regulatory status), home care (at home with parents), and centre-based care in two large American urban centres. They found more verbal interaction between caregivers and toddlers in family day care than in centre care.

The New York Infant Care Study (Golden et al, 1978) compared 400 infants in centre-based care, licensed family day care and homes (at home with parents). They found higher adult/child ratios and more interactions with adults in family day care than in centre-based care.

Bingham (1978) on the other hand, observed 46 infants aged 4 to 24 months in family day care and centre care (regulatory status of family day care was not reported). He found that centre caregivers showed greater amounts of physical contact, influencing and social resourcing than did family day care providers. In family day care the infants were more involved with other children.

Other studies give evidence of some of the variables in family day care which seem to affect the amount of individual adult/child interactions.

Wandersman (1981) studied children in nine family day care homes which had two to four children each, and ten homes with five to eight children each. She was attempting an ecological study of the interrelationships with caregiver/child interaction and numbers of children in the home, age and sex of children. She reported that the caregivers who had larger groups of children were more likely to be trained in child development and early childhood education, to see themselves as professionals, to take care of older children and to provide care which was similar to centre care in structure.

Caregivers with smaller groups of children tended to take younger children, to see themselves as mother-substitutes, to have no training, and to do housekeeping tasks while caregiving, which decreased the amount of interaction with the children.

The National Day Care Home Study (Fosburg et al, 1981) studied 352 family day care homes (sponsored, regulated and unregulated) in San Antonio, Los Angeles and Philadelphia. They reported that the most individual attention was given in sponsored homes (providers who were attached to an agency), next in independent regulated homes and the least individual attention in unregulated homes. They also found a positive correlation between training of caregivers and attention given. As well there were suggestions that the kind of age mix and the group size affected individual attention.

Carew (1979) also found less interaction between toddlers and caregivers in unlicensed homes than in agency sponsored family day care homes.

Tyler and Dittman (1980) also reported a noticeable difference in the behaviour of caregivers who were "part of an organized support group for caregivers." These caregivers spent more time with the children and were more likely to provide supports when the children were undergoing crises. The caregivers who were not in a support group were more likely to be busy with household chores.

One of the variables which appears to relate to training, support and regulatory or professional status on the one hand, and to effects on children's social, emotional development on the other, is continuity of care. While there are contradictory indications in the literature of different countries regarding turnover rates of family day care providers, the only systematic research to date comparing centre care and family day care on continuity comes from Great Britain. Moss and Brannen (1987) followed 188 children who were in day care before nine months of age up to 18 months. Eighty-seven were in care with childminders, 57 with relatives and 43 in day nurseries. Change in day care placements were more frequent for children cared for by relatives and childminders than for those in centre care. Placements ending because of a problem with a provider was particularly prevalent with childminders. Moss and Brannen go on to suggest that if childminding were better resourced, both financially and with training and support, it could be a more stable form of care.

In general, the findings (with one exception) support the hypothesis that children in family day care receive more individual attention than children in centre-based care. However, there are indications that the amount of individual attention children receive in family day care homes is positively affected by the training and sense of professional status of caregivers, and the extent to which providers are organized in a support system, either a self-help support group or an agency. There is also some suggestion that group size and age mix affects individual attention.

Hypothesis No. 2. Since infants, toddlers and children with special needs require more individual attention by a parent or someone as similar to a parent as possible, in order to develop optimally in social/emotional and language areas, therefore these children will develop (in social/emotional and language areas) best in care at home with parents, next best in family day care and least in centre-based care.

On the basis of attachment theory and research on early stimulation Burton White (1981) suggests to parents that if they absolutely have to leave a very young child in the care of another caregiver, he recommends the following types of care in descending preference.

- individual care in the child's own home with a warm, intelligent and experienced person

- individual care in someone else's home with a warm, intelligent and experienced person
- family day care with no more than 3 children
- non-profit centre-based care carefully selected on the basis of ratios and training
- profit-oriented centre-based care very carefully selected.

The research provides us with ambivalent findings in relation to these recommendations.

Two doctoral dissertations which compared white middle class infants from two-parent families in their own homes and family day care during their first year, found no differences in attachment behaviors in the two groups. Baharal (1977) used naturalistic observations of social interactions between caregivers and infants aged nine months to 21 months (including father-child interactions) and found that while exclusively home-reared infants were oriented far more to mother than father, the orientations of the family day care children were more equally distributed between parents.

Low (1982) used the "strange situation" measure and found no differences in attachment between infants who were in family day care before five months and those who were exclusively home-reared. The strange situation measure is a laboratory procedure developed by Mary Ainsworth (Ainsworth & Wittig, 1959), designed to heighten infant attachment behaviour through a series of separations from and reunions with the mother and a stranger. Infants are classified into one of three attachment groups - anxious-avoidant, secure, or anxious-ambivalent. Low did find that infants who spent the largest amount of time in family day care were most likely to have anxious avoidant responses.

Portnoy and Simmons (1978) studied 35 white middle class children at 41 to 45 months from two parent families in three different settings - 1) exclusively at home with mother, 2) at home until age three and then centre-based care, and 3) family day care at age one, then centre-based care at age three. Using the strange situation measure they also found no significant differences in attachment behaviour.

The New York Infant Day Care Study (Golden et al, 1978) studied 400 infants primarily from low-income, working class families of which half were single parents, (47.5 Black, 38% Hispanic and 14% White). The children were in licensed family day care, licensed centres and at home with mothers. They found no significant differences between the three groups at 18 months, 24 months and 36 months on receptive language, language competence, cognitive style, emotional functioning and social competence. They concluded that while family day care had higher adult-child ratios and a greater quantity of social interaction, there was no difference in the quality of the interactions.

Tyler and Dittman (1980), using naturalistic observations on 25 toddlers in three different settings (centre, family day care and own home) found more frequent expression of feelings and less self-stimulating comfort behaviour (e.g. thumb-sucking) in home-based care (both family day care and own home) than in centre care.

Doyle and Somers (1978) studied 39 toddlers in rural Nova Scotia in three settings:

- licensed group care centres with a 1:4 ratio of trained staff and a 1:1 assignment of staff to infants
- unlicensed family day care, including seven children outside their own home, two with relatives and two in own home, with a ratio of 1:2.3
- care with mother at home.

There was no difference in strength or security of attachment between any of the groups as measured by the strange situation procedure. However, both substitute care groups found brief maternal separations less novel and anxiety producing than home-reared children.

The longitudinal study in Sweden (Cochran & Gunnarsson, 1985) which had originally found differences in amount of interaction and exploratory behaviour of infants (Cochran, 1977) at age five found no significant differences in social/emotional or language development as a result of the setting.

Raven and Robb (1980) in the United Kingdom studied two groups of children aged three years to four years 11 months. Half of them had been in care with a childminder for at least one year and most of these children had been with the childminder since close to birth. The other half were exclusively in the care of their mothers. The families were largely middle class with a mixture of ethnic groups (West Indian, African, Asian) and four single parents in each group. They found no differences between the groups of children on language competence, contrary to early British studies which found language problems in children with childminders, but had used no control groups (Jackson and Jackson, 1979; Mayall & Petrie, 1977).

Melhuish et al (1986) reported on a study done at the Thomas Coram Research Unit at the University of London. They studied the effects of four different care settings on the social emotional development of 166 first born children. Each child had at least nine continuous months of care in one of the following four settings: 1) group day care; 2) individual care by a relative; 3) individual childminder; 4) home care by mother.

Three outcome measures were used:

- a stranger approach/separation/reunion sequence with mothers

- the first seven items of the Infant Behaviour Record (Bayley Developmental Test)

- a socioemotional development questionnaire given to parents.

On the first measure, the amount of concern at separation from mother increased with kind of setting, in the following order (from least to most): 1) home, 2) relative, 3) childminder 4) day care centre. However there were no differences in their behaviour at the time of reunion. The results of the Infant Behaviour Record indicated that the children in centre care tended to be less oriented to people than the other three groups and were more negative in mood. There were no differences as a result of setting on the questionnaires filled out by parents.

No research was found on the effectiveness of family day care compared to centre-based care for children with special needs. However, two studies were found which reported on the effects of training of providers to work with children with special needs. Fink (1985) gives some positive anecdotal reports on the effect of training. Jones and Meisels (1987) report the results from a pre-post test study to evaluate the effectiveness of training. In Jones and Meisels' study, 13 providers were given a one-year training program consisting of the following elements:

- thirteen half-day sessions at the beginning of the training year on general child development issues and special concerns related to special needs

- bi-weekly home visits from the special services coordinator

- inclusion of one or two handicapped children in each provider's home upon completion of the didactic training session

- structured and unstructured opportunities for contact with other providers and professionals.

Three outcome measures were used to assess short-term effectiveness of the training program. The measures were used to assess:

- change in attitudes toward disabled children

- knowledge about working with handicapped children

- ability to structure the family day care home to facilitate child growth and development.

Pre- and post-testing indicated significant changes in knowledge and ability, but not in attitudes. Higher scores on the outcome measures were related to experience with handicapped children, amount of formal education, and contact with other caregivers. The researchers concluded that the more experienced and professional a caregiver was, the more effective the training program.

The majority of the studies in United States, Sweden and Canada of social, emotional and language development in infants and toddlers in family day care, centre care and home care, showed no differences in attachment to parents, language competence, emotional functioning and social competence related to care setting. The recent study from the United Kingdom gives some support to White's recommendations.

The studies on children with special needs give some indication of the value of training providers to work with special needs children, but give no comparative data with centre care.

Hypothesis No. 3. Cognitive development is enhanced by trained early childhood educators, and therefore children in centre care will perform better on cognitive measures than children in family day care with untrained providers.

The New York Infant Day Care Study compared 400 primarily lower class children in three settings - family day care, centre-based care and home care (at home with parents). They found that at 36 months the children in centre-based care were superior both to care at home by parents and family day care on I.Q.scores (Stanford-Binet). At 18 months children in centre-based care had higher scores than children at home with parents, but not than children in family day care. Between 18 months and 36 months the mean scores for family day care children declined while they did not for children in centre-based care. The conclusions of the researchers were that while centre-based care can offset the early childhood decline in I.Q. which is frequently found in studies of lower class children, family day care does not.

Schwarz (1983) carried out a longitudinal study of three settings in Bermuda - care at home with parents, centre-based care and unregulated "sitter" care. At two years of age the children in centre-based care had lower intelligence test scores, poorer verbal skills and shorter attention spans than children in the other two settings. This was especially true for males. At four years of age the children at home with parents and centre-based children looked more alike. However, the children in "sitter" care now had lower intelligence test scores, were more passive and introverted, similar to the observations of children in the care of childminders in the United Kingdom by Jackson and Jackson (1979). By age eight the children who had been in "sitter" care were now superior in math to the other two groups and the males were still more introverted. There were no other differences.

The longitudinal study by Cochran and Gunnarsson (1985) of Swedish children in family day care, home care (with parents) and centre-based care showed no cognitive differences at age five between children in any of the three forms of care. This final result was in spite of the fact that at 12 to 18 months of age (Cochran, 1977) toddlers in family day care explored more, interacted more with caregivers, had more encouraging and facilitating interactions with caregivers and

fewer discouraging interactions, than toddlers in centres. They also engaged in more cognitive, verbal and play activities, received more teaching and distracting from caregivers and less negative reinforcing and carrying than children at home with their parents.

The hypothesis that cognitive development in early childhood is related to the training of providers is borne out in Goodman and Andrews' study (1979). They gave three kinds of training to family day care providers with 52 children, aged two and a half years. The children were all subsidized and the care was regulated by the New York Department of Social Services. The children's scores on three cognitive measures, the Peabody Picture Vocabulary Test, Caldwell Preschool Inventory, and Basic Concepts Inventory, were compared with those of two comparison groups. The comparison groups were 1) eight children in family day care with no training given to providers, and 2) 68 children in a day care centre. After ten months of training of the providers by paraprofessionals, the children in the experimental programs made significant gains over the children in family day care with untrained providers and the children in centre-based care. Their conclusions were, "The results of this study demonstrate that even a modest educational program of from two to four hours a week can turn a family day care arrangement from mere babysitting into a valuable educational experience. Equally interesting, this minor investment in family day care seems to bring greater returns in cognitive performance than the substantially higher cost per child of professionally-run group day care centres."

In Germany, a study was carried out by the German Youth Institute in Munich on 229 children who were cared for by 160 family day care providers. Thirty-seven percent of the parents were single parents and 20% were foreign workers. When the children cared for by the family day care providers were compared with matched children cared for by their mothers at home, the children with family day care providers were superior on cognitive developmental measures. The researchers attributed this gain to the training given to the family day care providers (Kischke, 1980).

In general, there would not appear to be long term effects which support the hypothesis of centre care being preferable to family day care for cognitive development. The New York Study does suggest that centre care is better able to offset cognitive delays in low-income families. However, the German study suggests that this is also possible with training of family day care providers. The findings do support the hypothesis that training of providers is positively related to cognitive development of children in care.

Hypothesis No. 4. Family day care exposes children to fewer illnesses than group care, resulting in improved health.

Doyle (1976) studied the frequency of reported illness of children aged six to 42 months being cared for in centres, at home, and in family day care homes in Nova Scotia. She collected bi-monthly telephone interviews with parents during

two consecutive winters and coded seven categories of illnesses. She found that during the first year of data collection children in centre care had more gastrointestinal and total illnesses than either of the other two groups. In the second year there were also more illnesses in centre care, mainly in children under two years of age. The report indicates that children in centre care averaged 2.56 number of symptoms and illnesses per child, home-reared children averaged 1.36 and family day care, 1.35.

Strangert (1976) did an eight month study of children under two years of age in centre care (108 children), family day care (42 children), and home care (57 children). There was no significant difference between number of febrile illnesses (illnesses accompanied by a fever) per child in centre care and family day care (each of these had five per child). These were both greater than home-reared children (two per child).

The New York Infant Day Care Study (Golden et al, 1978) found no significant differences in the total incidence of major or minor medical abnormalities at six months and at 18 months. At 36 months they found a greater number of abnormalities in the home-reared group. In terms of health surveillance, they found that at 36 months, children in group care had better immunization status than children in family day care and home-reared children. Home-reared children had better immunization status than children in family day care. Infants in family day care and centre care were significantly less likely to have regular pediatric checkups or to be followed up in case of medical problems.

On the basis of these limited studies, no conclusions can be drawn related to the incidence of illness in family day care as opposed to centre care. Further research is needed to determine what variables affect health and illness in family day care as well as in centre care.

D. Effects on Families

Hypothesis No. 1. Family day care is able to be more flexible than centre-based care for school-aged children, children who live in rural areas, as well as for children whose parents work part-time, shift work or on a seasonal basis.

There is little evidence in the research literature that family day care is responding to the needs for flexible care any more than centre-based care is. Peter Moss (1987) in his study of child care in European Economic Community countries, gives many examples of day care centres in Europe developing programs for part-time and irregular hours. He states that "it is often claimed that a particular advantage of 'other family care' (family day care) is that it can be more flexible in the hours of care provided. While this may be so, there is no evidence about hours of care provided by this type of publicly funded service or the hours that children actually attend."

However, he describes one example of the flexible use of family day care in Portugal where in some rural areas seasonal family day care providers care for children whose mothers have temporary work. Another example is in Prince Edward Island where family day care has been developed for rural families on a seasonal basis (Rochon, 1987). There have also been pilot projects developed in rural Ontario using in-home providers for rural families (Abramovitch, 1987).

There is some suggestion in the Swedish literature that there is a tendency to use family day care for these flexible care needs, and to use centre care more for full-time regular care.

It may be more useful to look at how each form of care can develop flexibility in relation to community needs, rather than comparing the two settings.

Hypothesis No. 2. Family day care is better able than centre-based care to provide a natural support for parents/families.

In an article by the Gingerbread Association, an organization for single parents in the United Kingdom (1976) the authors state that "for one-parent families, good childminders can provide an ideal form of child care - local, personal, homely, flexible, and even, in some exceptional cases, continuous (i.e. children when first placed when under 5 may continue to be cared for after school and in holidays when they have reached school age)" (Gingerbread, 1976).

Robertson (1984) in Australia also suggests that one of the positive values of family day care agencies is that they provide "community building and strengthening of neighborhood support systems of parents."

There is little research, however, to systematically support the advantages of family day care over centre-based care to provide this support system.

Hughes (1986) examined the differences between family day care and centre-based caregivers in informal help-giving behaviour. They administered questionnaires to a random sample of 73 providers in 35 licensed homes and 38 licensed centres in a United States midwestern community. The questionnaires were designed to answer three questions:

- are there differences between home and centre providers in patterns of help-giving?
- what type of help-giving strategy do providers use?
- does age, education or experience influence the patterns?

The centre providers were younger, better educated, had fewer years of experience, 16% of them were Black as opposed to three percent of family day care providers. The family day care homes were more likely to provide weekend,

evening or overnight care; there were more under two's in care in homes and ethnicity was more diverse in the centres. The centre providers spent 13.7 minutes per week with each parent while family day care providers spent 54.7 minutes per week. The total time spent with parents by providers in centres was 98.3 minutes per week, in family day care homes was 170.9 minutes per week. Centre providers were more likely to discuss learning or educational programs, social development, behaviour problems and peer relations. Both used similar helping strategies - asking questions, offering sympathy, sharing personal experiences, presenting alternatives. The more educated providers in either setting were more likely to offer sympathy and less apt to tell parents to "count their blessings", the reverse being true of the less educated providers.

A study carried out by Steinberg and Green (reported in Belsky and Steinberg, 1978) described the effects of different types of care on families in the United States. Eighteen percent of mothers using centre care reported that they had become more knowledgeble about childrearing, as opposed to 13% of mothers using in-home care (e.g. nannies) and nine percent of mothers using family day care. Nineteen percent of mothers using family day care reported no effects on their parenting compared to 16% using in-home care and 11% using centre-based care. On the other hand, 44% of families using family day care reported a positive change in their family finances as a result of the family day care, as opposed to 16% with in-home care and 25% using centre-based care. Family day care users were least likely to report changes in family relationships.

Pence and Goelman (1985) studied the perceptions and attitudes of parents in relation to three day care settings in Victoria, British Columbia. The settings studied were licensed centre care, unlicensed family day care and licensed family day care. They found the following differences between care settings:

- Parents using family day care were more involved with caregivers in a friendship way, especially those in unlicensed family day care, than parents using centre care.

- Parents who used family day care felt more guilt at leaving their children than those using centre care. The guilt was greatest in licensed family day care, but concern about the children's well-being was greatest in unlicensed family day care.

These tentative findings suggest that friendship relationships might characterize the interactions between parents and unregulated caregivers, while regulated care, especially in centres, provides a more professional relationship, which might give a parent a greater sense of confidence in the nature of care being given.

Hypothesis No. 3. Family day care is more culturally sensitive than centre-based care.

Again, while there is a lot of conjecture in the literature that family day care is likely to be more culturally sensitive, there is little research to indicate whether or not this is true.

In her study of rural child care needs and preferences in Ontario, Abramovitch (1987) states that while home-based care is "perhaps most congruent with rural attitudes and circumstances", licensed family day care is in opposition to some of the rural values related to privacy of homes and family life, and resentment of intrusion with regulations.

A survey of 742 respondents in Toronto (Johnson, 1977) found that although a greater proportion of non-Canadian born parents utilize unlicensed family day care, when questioned about their ideal form, many groups expressed a preference for centre-based care (Downie, 1986). When asked about their preference for care for three year olds, the majority of the families of all ethnic groups preferred centre-based care.

In the Private Home Day Care Study in 1983 (Ministry of Community and Social Services, 1983) one agency which initiated linguistic/ethnic objectives stated an increase in the number of different linguistic and ethnic groups served.

Concerns about the needs of ethnic minorities and whether they are being met in family day care have led to two studies in the United Kingdom (Great Britain, Community Relations Commission, 1975; Petrie, 1984) which found that childminders were reluctant to take minority group children and that ethnic minority mothers had trouble finding care close to home. The effort that has been made since then by the National ChildMinding Association to develop training packages for changing racist attitudes among childminders (NCMA, 1986) has no doubt had an effect, but there have been no further studies of the impact of this training.

In the United States, members of the Black community have become concerned about the effects of regulations and professionalization of family day care providers, on the loss of jobs of Black providers, the loss of available care for working mothers in the Black community, and therefore the loss of ethnically sensitive care (Tate, 1985). Rose (1976) in a doctoral dissertation provided information and descriptive data on 24 unlicensed family day care mothers in Black communities in the United States. The profile of the "average Black day care mother" in the Black community was as follows:

- an experienced middle-aged woman with an expressed love of children and satisfaction and pride in her work
- no formal requirements of a high school diploma, but this was not a significant factor in the success of her operation

- the family day care arrangements were flexible, meeting the varying needs of parents and day care mothers
- mixed age groups of children and significant number of after school children
- routines and schedules similar to nursery school
- worked alone without the help of others
- communication among family day care providers was informal
- little movement of children from one family day care home to another. Some children remained in the care of a specific day care mother for several years.

Considerably more research, community consultation, and policy formulation is needed to become clear about the relationship between ethnicity, minority group status, and family day care.

Hypothesis No. 4. The cost of family day care is less than centre-based care.

The data regarding comparative costs of family day care and centre care is not at all clear. Sweden and Denmark state that family day care costs the government half of centre care costs. Peter Moss writes in the draft of his report on child care in the European Economic Community countries,

> One of the reasons for the increasing interest in 'other family care' (family day care) in recent years is the belief that it is less expensive than centre-based care. Whether it is, however, seems to depend on the pay conditions and support given to 'other family caregivers'. In the United Kingdom, local authorities who place children with 'other family caregivers' pay 25 to 35 pounds a week, which is less than half the weekly cost of a place in a nursery (80 pounds). In France, a place with an 'other family caregiver' in an organized scheme (creche familiale) is two-thirds of a 'nursery place'. This however is an average cost. I visited a creche familiale in the suburbs of Paris, where the commune provided above-average pay, conditions and support for the 'other family caregivers' (assistantes maternelles), though even so they were still receiving less than the legal minimum wage for a week's work, did not have occupational benefits comparable to the other commune employees. On this basis, the commune estimated that a place in a creche familiale cost 80% of a place in a 'nursery' (creche collectif). Finally, in Portugal, the cost per child in 'organized other family care' (creche familiar) is approximately identical to cost in group care when food is included (Moss, 1987).

A national survey was carried out in Canada in 1984 to obtain information on fees charged by licensed centres, licensed family day care homes and unlicensed family day care homes. Four hundred and twenty-nine centres, 126 licensed family day care homes, 26 licensed family day care agencies and 515 unlicensed family child care providers across 10 provinces were surveyed. Results of the survey indicated that national average costs were highest for licensed centre care, followed by licensed family home care, and lowest for unlicensed care. National average fees for centre care was 13% higher than fees for unlicensed care. National average fees for infant centre-based care were 31% higher than for unlicensed care. Licensed family day care was, on average, 13 to 14% more expensive than unlicensed family day care (Cooke, 1986).

Further studies on comparative costs between family day care and centre care with adequate training and supports for both would be useful.

Summary

It is obvious from the above, that research on family day care is at its beginning stages. The ecological studies of Pence and Goelman, the program evaluations being carried out by the National Children's Bureau in the United Kingdom on the effects of training and supports on provider care, and descriptive international comparisons such as the study of child care in the European Economic Community countries (Moss, 1987) all hold considerable promise. The questions of whether centre care or family day care is better for children is probably no longer a very useful question. The question of how to enable each form of care to meet the needs of children and families is considerably more productive and more useful to policy-makers.

PART 4

REGULATIONS

A review of the literature on concerns about the quality of family day care leads inevitably to a discussion of the role of regulations in effecting quality. This section will discuss the literature under the following headings:

- a working definition of regulation
- the purposes of regulation for social or educational services
- the validity of these purposes for family day care
- the positive and negative aspects of a variety of regulatory methods used in family day care in different countries
- the issues related to the choice of regulatory agency (government, professional association) and the unit being regulated (individual home/provider, agency)

A. Definition

Gwen Morgan, a United States child care policy analyst (1984), defines regulations as "any uniformly applied system of quality control across programs." She indicates that the regulatory function has the following three components:

- the establishment of standards
- the application of standards to programs
- the use of sanctions to assure that programs meet the standards.

On the bases of practices in European countries an additional component is suggested:

- the use of incentives to assure that programs meet the standards.

B. Purposes of Regulation

When communities call for regulation of social or educational services, there are a number of arguments that are consistently used in the literature to support that request.

Listed below are the arguments for regulation. A detailed discussion of each of these arguments related to family day care follows in section C.

1. There is a need for protection of users/consumers from poor quality service. Some of the conditions under which consumers are seen as needing protection are:

   - when the supply is less than the demand, if left to a free market process
   - when the effect of poor quality service is detrimental to the basic rights of the users
   - when the users are vulnerable because they are not in a good position to make a choice, either because of time or because expert knowledge is needed.

2. Regulation is needed to equalize distribution of a service for accessibility. Inequality of access to the service would affect equality of opportunity in the society in general.

3. Regulation is needed to ensure responsible use of public money being spent on the service.

4. By regulating a service, the provider of that service acquires a professional status in the view of the community, both by nature of the association of regulations with quality and with an essential service.

5. Regulations improve the access to a service by consumers by making the providers more visible, i.e. by publicly naming the profession.

6. Regulations can improve the quality of a service by requiring a minimum level of quality. The statement of minimum levels can give providers of the service a baseline from which to work toward higher quality provision as an organized professional group.

7. If a service is most effective when it is linked with other community services which are regulated, that linkage can be more effective if the service is regulated.

C. Family Day Care Regulation

While there has generally been an acceptance of the need for regulation of child day care which is centre-based, there is considerable controversy in the literature about the value of regulation for family day care. The following discussion will state the general purpose for regulation, then will review the family day care literature regarding the validity of that purpose for family day care.

1. <u>There is a need for protection of users/consumers from poor quality service</u>.

   - <u>When the supply is less than the demand</u>. The supply of unregulated family day care depends on the number of women who are willing to care for young children in their homes for enjoyment, companionship for their own children, a little extra income added to husband's primary income, as a small business, or because of illegal or disadvantaged employment status. The numbers are negatively affected by the participation of women in the labour force outside of the home. As more women with young children are working outside of the home and more women are maintaining careers outside the home for their adult lives, it is to be expected that the supply of providers will diminish in quantity and possibly in quality.

     In fact, at this point in history, there seem to be geographic and socioeconomic variations in availability of providers. As reported by the countries studied, some of the variables that appear to affect availability are:

     - high unemployment rates (for example, the United Kingdom, Prince Edward Island and Saskatchewan, have all stated that the unemployment rates, especially for women, have meant the availability of more providers who would otherwise be in the labour force outside of the home)

     - government policy and general public climate encouraging women to stay at home with children (countries like Netherlands, Switzerland, and United Kingdom, with strong public policy favoring women staying at home, indeed seem to have a larger number of available providers and smaller numbers of women in the labour force outside of the home)

     - development of strong self-support groups of providers (Netherlands, Switzerland and some states in the United States with strong self-support groups appear not to have difficulty with availability)

These variables are likely to be counteracted by such variables as industrialization, decrease in extended families, urbanization, and an increase in nuclear families, especially one-parent families.

While there has been considerable anecdotal data on lack of supply of care in unregulated family day care (Cooke, 1986, Government of Ontario, 1987), there is no systematic research on how some of the above variables interact and affect supply and demand.

In countries which do have regulations requiring licensing for all family day care providers, and professional status for the providers as a result of the licensing, there does not appear to be as much difficulty with supply of providers (See chapters on Sweden, Denmark, Finland, France and Belgium).

- Detrimental Effect of Poor Quality Care. It would be very difficult in an era when the importance of the early years is a given in popular and academic child development literature, to argue that poor quality care is not detrimental to the basic rights of the consumer. There are a number of arguments used to substantiate the importance of the early years. Some of these include:

  - the importance of attachment in the first years of life for social and emotional health
  - the importance of early cognitive and language stimulation for later success in school and work
  - the importance of nutritional needs being met for survival and physical health
  - the seriously detrimental and lasting effects of early physical or sexual abuse and neglect.

  It is frequently suggested in the literature that in unregulated family day care the range of quality would at best be similar to that of biological parenting - from excellent to seriously harmful.

- Need for Expert Knowledge. Whether the consumers/parents are in a position to make an appropriate decision about care for their children without regulations is more of a debate. Those who think that parents are in a better position than a regulatory body to choose and monitor the care of their children make the following arguments.

  - Ideologically, parents are responsible for the care and education of children before school age (there are formalized commitments to this position in United States, Canada, Australia, New Zealand, Netherlands, West Germany, Switzerland)

- Parents are in a better position (because of constant contact with the caregivers) to judge their competence, than are regulatory visitors who only visit occasionally (Sale, 1980).

- Parents need to be educated and empowered to trust their own judgement regarding childrearing and the care of their children, rather than being dependent upon the judgement of experts. Regulations will undermine the parental role, and childrearing will be over- professionalised (Kendall & Walker, 1986; Morgan, 1980).

- Only the parents can choose care which reflects their cultural and ethnic values (Sale, 1980).

- Because family day care is by its nature in someone's private home, it is seen as an infringement of privacy to intrude in that home in a regulatory capacity (Morgan, 1980).

On the other hand, those who argue that there needs to be public responsibility for selecting and monitoring family day care make the following arguments:

- Ideologically, child day care is the joint responsibility of parents and the government (Sweden, Denmark, Finland, France, Belgium are formally committed to this position)

- Parents frequently do not have the time or energy to "shop around" for the best child care, when they are trying to combine family responsibilities with employment, especially if they are in a sole-support family (Cooke, 1986)

- Once parents have found one child care situation, they will stay with that, even if they are dissatisfied, rather than undergo the disruption of having to move a child and find a new arrangement (Johnson, 1977)

- The effect of shopping around and changing child care arrangements has such negative effects on children and such stressful effects on families, that it is in the best interest of everyone that a public system of monitoring care, using the best knowledge of child development and early childhood education available, be used (Cooke, 1986)

- That parental choice is most effectively used between a few quality, monitored options,than in a wide-open informally organized market with limited supply, where the choice may be between two poor quality situations (Cooke, 1986).

Thus, on the one hand, there is general agreement on the first two points, i.e. 1) that in countries which depend upon a large supply of unregulated family day care there is likely to be a decreasing supply

of providers and increasing demand for care, and 2) that poor quality care is detrimental to the development of children. On the other hand, there are conflicting views regarding whether or not families need protection to handle these problems. The difference is primarily an ideological one between those countries which believe in shared public responsibility for care of young children and those which are committed to parental responsibility with little government intervention. There is an unresolved issue which is developing for those countries which are committed to primary parental responsibility without government intervention. That is the problem of how families will find solutions on their own to child care needs when there is a diminishing supply of providers.

2. Regulation is needed to equalize distribution of a service for accessibility. Inequality of access to the service would affect equality of opportunity in the society in general. If a country is committed to equality of opportunity for all its citizens, it has to take seriously the necessary conditions for that equality. Universal literacy and compulsory schooling are generally accepted as essential societal conditions for equal opportunity. As the literature all over the world accumulates (Head Start studies in U.S., Plowden Report in U.K., Kathari Report in India) regarding the importance of the early years to prepare children for school success, countries are required to take seriously the effect of poor quality care or inconsistent care during these years. Unregulated family day care, as a neighborhood phenomenon, reflects the conditions of life in the neighborhood in which a child lives. The socioeconomic status of parents is likely to affect the quality of care which they are able to purchase. In an unregulated provision, higher income parents can pay for quality care and may have more resources for finding providers. The reverse is likely to be true for lower income parents. The negative effects of poor quality care on low-income children has been well documented in studies in the United Kingdom by Jackson and Jackson (1979) and Petrie (1984). Van derEyken (1987) has also shown the negative effects on children from low-income families of difficulties in finding child care. Lastly, the research (Golden et al, 1978; Goodman & Andrews, 1979; Kischke, 1980) supports the position that training and regulation of family day care providers can offset the effects of poverty on children in low-income families.

3. Regulation is needed to ensure responsible use of public money being spent on the service. When governments fund child day care, it is generally accepted that regulations are required to ensure the following:

   - control of the service being paid for
   - accountability for use of the taxpayer's money
   - in order to get the best standards for the money spent.

The relationship between government funding for family day care and government regulations varies in at least three ways. In Sweden,

Denmark, Finland, France and Belgium where the government funds the provision of family day care directly through salaries and supports for all families who need it, regulations are applied to all family day care. In Australia, New Zealand, Canada, United States, West Germany, regulations are frequently applied when the care provided is subsidized and functions with a welfare orientation. On the other hand, in Canada and the United States, the policy of family responsibility for child care is demonstrated in directly funding to parents, for example, in child care exemptions, deductions and tax credits, vouchers, and family allowances. There are no regulations related to the care which parents purchase with these funding measures.

4. By regulating a service, the provider of that service acquires a professional status in the view of the community, both by nature of the association of regulations with quality and with an essential service. The debate on this issue evolves around whether family day care providers are best characterized as professionals, with standardized competencies and training, or as extended family members who are sharing the care of another mother's child because there is a neighborhood or kinship bond between them.

   The supporters of professional status use the following arguments:

   - Research has supported the positive effect of training of caregivers on children's development (Fosburg, 1981; Goodman & Andrews, 1979; Kyle & Lero, 1986).

   - Providers are providing an essential service to the community which is equal in value with services provided by other professionals and should be recognized as such. To neglect to do so is to continue exploiting women who work in their homes (Whitebook, 1985).

   Those who object to professional status take the following positions:

   - There is an overprofessionalization of what should be a human, natural relationship (Sale, 1980).

   - The qualities that parents want in providers cannot be regulated, trained or standardized - warm, loving homes.

   - There is concern expressed by members of ethnic minority groups (especially the Black community in the United States) that professional status for family day care providers serving ethnic minority groups is apt to extend the gap downward between professionals caring for children and families being served (Tate, 1985).

5. Regulations improve the access to a service by making the providers more visible, i.e., by publicly naming the profession. There is general agreement in the literature that the networks connecting parents needing care with providers in the informal unregulated service are not functioning

effectively either in rural areas (Abramovitch, 1987) or in large urban centres (Powell & Eisenstadt, 1982). There are differences of opinion regarding whether regulations or unregulated support services are the best method of building in the networks for accessing services. All of the countries which have regulations for family day care provide matching or referral services between parents and regulated providers. On the other hand, in Ontario and in many states in the United States, child care information and referral services have developed which use grass roots community organizations to supplement natural neighborhood networks of accessing care. In the United States (Levine, 1982) these services often began as a resource which included unregulated providers, but many have changed to serving only regulated providers. The reasons are, 1) federal and state funding for these programs is contingent upon serving regulated providers, and 2) concern about liability for referrals to unregulated providers which could result in inadequate care and a lawsuit. In Ontario (Doherty Social Planning Consultants Ltd., 1987) some child care support services have been funded by a government initiative to develop informal, unregulated information and referral services, as well as supports to unregulated providers. A recent survey of these services also indicates concern about liability as well as difficulties in attracting unregulated providers. On the other hand, there has been an increase in the visibility of unregulated family day care providers as a result of these services and a developing sense of being members of a professional community.

6. Regulations can improve the quality of a service by requiring a minimum level of quality. The statement of minimum levels can give providers of the service a baseline from which to work toward higher quality provision as an organized professional group. There appears to be a correlation between the regulation of family day care and the development of organizations of providers concerned about standards and quality in family day care. In some countries (Netherlands, Switzerland, New Zealand, Australia) the organizations have come first, then the lobby for regulations for standardized quality. In other countries (U.K., Sweden, Finland, Denmark, France, Belgium) the regulations have come first, then the organizations and the lobby for steady improvement of the regulations and quality.

   In both cases, the regulations have had a positive effect in improving quality, e.g. conditions of pay, support services, child/adult ratios.

7. If a service is most effective when it is linked with other community services which are regulated, that linkage can be more effective if the service is regulated. One of the frequent concerns about family day care in many countries relates to the low status of providers vis a vis other professionals, and their isolation from other professionals, including centre care workers. In Prince Edward Island (Rochon, personal correspondence, 1987) recent regulations requiring family day care providers to have training in child development, and linkages of the providers with day care centres, have resulted in the inclusion of family day care providers in the

local association of early childhood education. In Sweden, regulations require equality and interchangeability between centre caregivers and family day care providers, which gives status to the caregivers and an alternative career path.

In summary, the controversy about regulating family day care is embedded in basic beliefs about shared public or sole parental responsibility for child care. The strongest points of the controversy are 1) whether parents or the government/experts are the best judges of quality care, and 2) whether family day care providers are best viewed as professionals or as extended family members. There is more agreement on the need for regulations to ensure responsible public spending, to improve access, especially for lower-income families, and to improve quality.

The following section will explore the advantages and disadvantages of different methods used to regulate family day care.

D. Regulatory Methods

1. Licensing.

The most common form of regulation used in family day care is based on the model of centre care licensing. A minimum standard of care is established by a regulatory agency and a potential provider must prove competence in relation to the standard of care before being permitted to provide care. In a service which has been firmly entrenched as a private informal arrangement, licensing represents a radical change in ways of thinking about the service. To require a licence is to state that no one can provide that care unless they prove their competence in relation to formally agreed upon standards. The standards usually include health and safety but they vary considerably as to whether they include numbers/ages of children, caregiver training or qualifications, and programming.

The countries which require licensing for all family day care providers (Sweden, Denmark, Finland, France and Belgium) and have a high degree of compliance with the legislation are those which are committed to a position of shared public responsibility for the care of young children and/or equal participation of women on the labour force. The compliance rates in these countries is estimated to be somewhere between 50% (France) to close to 100% (Sweden). In the literature on these countries, there is no question of the merits of licensing. The major concerns appear to be to want to increase the standards, to "put more teeth into the licensing", to improve the efficiency of the licensing, or to increase the incentives for being licensed.

West Germany and many states in the United States also require licensing for all providers, but there is a different perception in these countries regarding compliance. In West Germany there is a commitment to sole parental responsibility for child care. There is an estimated one-third compliance with

the regulations and little public will to enforce compliance, unless the care is provided by a research project or is subsidized. In the United States, in states which require licensing, the compliance rates are estimated to be between 5 and 10% and there is heated debate (to be discussed later) regarding whether licensing reflects the public will regarding shared public responsibility for family day care.

In the United Kingdom, licensing is required of all providers, in spite of the fact that the government believes in sole parental responsibility. However, the regulations were enacted during a previous historical period when the government policy included a stronger commitment to shared public responsibility. The National ChildMinding Association, a provider organization, has maintained a strong lobby, supported by parents, to continue licensing (called registration in the United Kingdom) and to increase its effectiveness through incentives and supports, as well as sanctions for non-compliance (NCMA, 1986). The current estimates of compliance rates are between 50 and 75%.

In countries which do not require licensing for all providers, there tends to be a commitment to family responsibility for child care and little government intervention. In some of these countries, licensing is primarily required where there is subsidized care (some states of the United States, Canada, Australia). In others, there is a great deal of variation in states/provinces/local authorities in the licensing practices. In the literature in these countries, there is considerable debate raging regarding the relative merits of licensing and deregulation.

1.1 **Arguments Against Licensing.**

The arguments against licensing are primarily expressed in the United States literature. There are two major types of arguments, those based on the principles of licensing and those based on the efficiency of the procedures. That is, some are against licensing because they don't believe in it, and others are against licensing because they perceive it as not working.

Principles. Wattenberg (1980) states that "licensing is inappropriate for a child care arrangement that is characterized by thousands of independent, home-based isolated entrepreneurs." She goes on to argue that standards, upon which licensing is based cannot be set because there are different expectations in different segments of the child care market and there is a lack of precise data on measurable indicators of quality.

Kendall and Walker (1986) state that federal standards would inhibit state and local communities from setting high standards, and that licensing professionalises child-rearing and undermines parents.

Class and Orton (1980) argue that the concept of licensing came from legislation on twenty-four hour foster care, but that the situation is different in that in family day care parents are in daily contact with children and with providers. They are therefore able to monitor the care effectively.

Morgan (1980) also claims that licensing is an inappropriate government intervention in a private family arrangement, which undermines the responsibilities and rights of parents. She also feels that licensing undermines the goals of family day care as being genuine family life rather than institutional care.

Lehrman and Pace, (1985), state that:

> if the supply of day care is ever to keep pace with the rapidly rising demand, it is essential that there be a favorable climate for its growth. At present there is not, and the regulatory obstacle course laid out by state and local officials is in large part why. State barriers to the provision of day care involve licensing and registration and staff/child ratios, whereas local barriers to the expansion of family day care concern zoning regulations and building, fire, and health regulations. Local barriers to the expansion of day care centers also exist. Regulations to prevent child abuse in day care settings may deter dedicated and caring individuals from entering the day care market. The deregulation of child care can begin with registration and parental supervision, the dismantling of local regulatory barriers, and the implementation of private sector alternatives to state oversight. Without the false sense of security provided by government standards, parents would take more responsibility for the well-being of their children. Moreover, through unregulated competition, day care facilities and services can supply parents with something even more fundamental - freedom of choice.

Efficiency. The list of problems with licensing described in the United States is lengthy.

Wattenburg (1980) and Kendall & Walker (1986) state that it is costly and labour intensive to carry out licensing procedures.

Class and Orton (1980) state the following problems:

- it is difficult, if not impossible to carry it out. Only 5 to 10% of family day care homes are licensed in states where it is required by law
- the total cost is staggering, especially if there is no exemption for a given number of children
- there is a lack of public visibility of family day care
- family day care is a transitory service
- there is no public support for government intervention, as parents are assumed to be competent to evaluate effectiveness.

Norlander (1986) gives the following reasons for lack of effectiveness of licensing in New York State:

- there is widespread ignorance regarding family day care regulations
- there is no formal incentive to being licensed and many providers can wait months to be processed
- there are considerable legal barriers to licensing - a fragmented licensing system, multiple agency regulations, local zoning ordinances, and lack of meaningful penalties.

Morgan (1980) states the following problems:

- there is a lack of public knowledge
- licensing is too complicated for providers and is perceived as intrusive and expensive
- there is often a fear of reporting income to the Internal Revenue Service
- if licensing is carried out through the welfare department, it is stigmatizing.
- there is insufficient staff and a lack of public demand for the safeguards
- licensing of only subsidized homes has created a two-tiered system, regulated care for low-income families, and unregulated care for middle income families
- licensing is not a guarantee of protection with so few visits, and therefore provides parents with a false sense of security
- parents do not want protection
- zoning, health and safety regulations have procedures which are more geared to institutional care.

1.2 Arguments for Licensing.

The arguments for licensing arise primarily from social, political and economic beliefs in shared public responsibility for child care.

- If the government shares with the parents the responsibility for quality care of young children and is committed to women's rights in the labour force, licensing is the most effective way of ensuring protection of consumers, equality of distribution, responsible use of public money, professional status of providers, improved access, improved quality and

comparable status with other child day care professionals. All compromises would decrease the moral responsibility of the government.

- From this position, all practical problems with licensing are seen as obstacles to be overcome, rather than arguments against the principles of licensing.

- Non-compliance is viewed as a challenge to the government to increase incentives for being licensed, not as a signal for increasing sanctions for non-compliance. An example of this view is stated by Evans and Evans (1985) in France when they are discussing how to encourage all providers to be licensed. "One of the goals is that the greatest number of assistantes maternelles should work under conditions approved by the local authority. To attain this goal it is necessary that the conditions of service be attractive - including improvement of contracts, financial security, social conditions, access to services, and improved career structures." In the United Kingdom, when there were concerns about the quality of care among illegal childminders, the National ChildMinding Association's efforts to improve the status of childminders and the conditions under which they worked, resulted in increased numbers of licensed providers (NCMA, 1987).

- Licensing is seen as a benefit to parents (giving them more access to quality care) to providers (giving them economic and professional supports), and to the government (enabling them to know whether they are fulfilling their commitment to meeting the child care needs of their jurisdiction).

- Proponents for licensing argue that there are accepted standards for quality family day care based on research, including numbers of children, pre- and inservice training, and amount of support from an agency or government (Lero & Kyle, 1985; Stuart, 1983).

1.3 Individual or Agency?

There is no evaluative literature on the relative merits of regulating individual homes as opposed to agencies. With a broad international perspective, hypotheses about the advantages of each are suggested. Future research and policy formulation would be helpful to explore these hypotheses.

The advantages of agency licensing are indicated in the Ontario, Australian and American literature. They include:

- a financial partnership with community organizations which include fundraising and volunteer support

- professional resources for training and supporting untrained caregivers

- responsiveness to local communities, with creative new initiatives arising from the communities

- decentralization of government.

The advantages of licensing individual homes are suggested by the experience in Manitoba, and many European countries. They include:

- providers achieve professional status more easily as they organize to improve their economic conditions and to meet their educational and training needs. (The countries or states/provinces which license agencies tend to have professional organizations of workers in agencies rather than providers, while the countries which license individual homes have provider associations.)

- the provider associations tend to develop resources, together with the government support services, which are similar to the resources provided by the agencies (for example, the activities of the National ChildMinding Association in the United Kingdom, and the Swedish family day care providers' association).

- The providers sometimes perceive the agencies as inefficient and paternalistic "middlemen" with higher professional status, which disempowers the providers.

Information is needed on the relative costs of each form of licensing, if the quality of supports for caregivers and the quality of care are equal.

2. Registration

Registration, as defined by Morgan (1980) and Sale (1981) is a method of regulation which has developed primarily in the United States and is being used in some provinces in Canada. The registration procedures have been developed as a means of dealing with the problems of licensing, both in principle and practice.

It is basically a self-monitoring procedure without a pre-service investigation as in licensing. The underlying assumption is that a provider is capable of providing a satisfactory service if they are aware of the standards and expectations. Only in the case of proven incompetence would they be prevented from providing the service.

Although there are variations in the registration procedures used in the United States and in New Brunswick and British Columbia in Canada, there are some standard features as described by Morgan (1980):

- listing of names with a central agency

- provision of information to caregivers regarding standards and a self-evaluation form
- provision of information to parents/consumers
- spot check monitoring for compliance with standards
- response to non-compliance complaints.

Support for the value of registration has been stated in the study carried out in Texas when they changed from licensing to registration (Nowak, 1979). They found that registration together with an information and referral service, food and nutrition information and training, had the following benefits:

- it is more in keeping with the public will
- it is less expensive
- it increased the number of regulated providers
- it increased access by parents.

Sale (1980), a strong proponent for registration, suggests that the three indicators of quality in family day care which can be effected by a registration system are:

- informed parental consent
- physical and emotional support of day care providers
- respect for families' lifestyles and culture in children's programming.

Massachusetts also changed to registration and is currently returning to a licensing procedure. According to McDonald at the International Family Child Care Conference (1987) they have become concerned about the quality of the care they are registering and would like to have more ability to restrict poor quality care.

3. Credentialing by a professional body.

In this case, a professional organization or post-secondary institution develops a set of standards for quality care and gives a certificate to anyone proving competence to provide that standard of care. This process obviously can be used in combination with government licensing or registration. The advantages of using this system alone is that it educates parents regarding high standards of care and leaves the choice to parents. The disadvantage is the inability to protect parents and children from poor quality care in a market where supply of the quality care is less than the demand.

E. Agency of Regulation

There are three levels of regulatory bodies - federal or central government, state/provincial or local government and professional organizations.

The countries which have central government regulations related to family day care are Sweden, Denmark (until recently), Finland, France, Belgium, Portugal, Germany, and the United Kingdom. The countries which leave regulations to states, provinces or local authorities are Australia, United States, Switzerland, Canada. The countries which have no government regulations in relation to family day care are Netherlands, South Africa and New Zealand (New Zealand is in the process of developing regulations).

Grotberg (1980) gives a good overview of the relative advantages of central government vs. local government regulations.

The advantages of central government regulations include:

- assurance of common standards across the country
- a model of standards
- less possibility of pressure groups attempting to minimize standards for business reasons
- a guarantee of equitable distribution of resources related to standards
- more resources to study the needs of child care and the impact of standards and regulations.

The advantages of local or state/province regulations include:

- central government expenditure on monitoring standards can be reduced
- state/provincial or local governments can determine their own policies concerning standards
- local standards can be used which are not linked to public funding and therefore cover a larger population
- local government can be more responsive to cultural and regional variations in families.

In many of the countries which have central government regulation, Moss (1987) suggests there is a move toward decentralization. As the Fact Sheet on Sweden (1987) states it, "The central government has thus increasingly replaced detailed regulations with general supervision. In this way, the municipalities have acquired increasing responsibility for organizing and shaping the activities and environments of children, while the [central] government authorities indicate the

objectives and directions of child care policy." This decentralization policy is economically expressed in the increasing use of block grants for all social services to local authorities, rather than specifically targeted funds. There is concern expressed in these countries that general economic constraints paired with decentralization will result in poorer child care services with considerable regional disparity. However, because these countries have had central government regulations, there are expectations on the part of parents and providers for a certain level of service, and structures in place to achieve this. This creates a very different picture from countries which have had no central government regulations and are following a policy of decentralization.

Most provider associations which are developing standards for family day care do so in conjunction with government regulations. However, Hochli (1987) from the Swiss Day Mothers' Organization makes an interesting case for the advantage of a family day care providers' professional organization being the regulatory body of the service. Her reason was that the government bureaucracy is a patriarchal organization and would operate this way in relation to family day care. The Day Mothers' Organization organizes itself on feminist, cooperative principles and would prefer not to have government intervention.

F. Summary

Throughout the discussion of regulations, it is clear that basic beliefs about responsibility for child care underlie the differences both between countries and between groups within countries. The "public will" in a country determines what kinds of regulatory procedures work and what do not. An understanding of the range of beliefs and practices operating in other countries is helpful in articulating the "public will" and developing regulatory policy which will be effective in a particular jurisdiction.

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APPENDIX 1

DEFINITIONS

Family Day Care refers to the paid provision of care for children in an adult's home (other than the parent's) for more than occasional "babysitting" and less than foster care.

Family Day Care Provider refers to a person who provides family day care. They may be referred to as caregivers, guest parents, affiliates maternelles, or childminders.

Organized family day care refers to an agency, scheme, sponsored scheme, system, creche familiale, or creche familiar - which recruits, supervises, trains, supports and sometimes pays family day care providers. The sponsor may be the government, a non-profit organization or a commercial operation.

Federal Government Structure refers to a system of government, usually three-tiered (federal/central government, provincial/state/territorial governments, municipal or local authority). The sovereignty, especially for education and social services, lies in the state/province or territory, rather than in the federal/central government.

Central Government Structure refers to a unitary system of government where the sovereignty over education and social services lies in the central government.

Employment Status refers to whether someone is self-employed or an employee as defined in the labour legislation of a particular jurisdiction.

Regulations refers to any uniformly applied system of quality control across programs which has three components - the establishment of standards, the application of standards to programs, and the use of sanctions or incentives to assure that programs meet the standards.

Licensing refers to a method of regulation whereby a minimum standard of care is established by a regulatory agency and a potential provider must prove competence before being permitted to provide care.

Registration refers to a method of regulation whereby a professional organization or post-secondary institution develops standards for quality care and gives a certificate to those who prove competence to provide that level of care.

Accreditation refers to method of regulation whereby a professional organization or post-secondary institution develops standrs for quality care and gives a certificate to those who prove competence to provide that level of care.

Community Organization refers to a non-government organization which may include non-profit organizations, voluntary organizations or private commercial operations.